

option for an insurer on the exchange. The pain individuals and families are feeling across the country is palpable. They have watched their bills skyrocket and their options disappear. ObamaCare has made a mess all across our country.

Again and again, Kentuckians have called for relief from this partisan law. Republicans have heard their call, and we have adopted a three-pronged approach to stabilize the healthcare market and help it grow into the future.

The first prong is the legislation currently being considered by committees over in the House. Yesterday, the Congressional Budget Office underlined some important things we have been saying about the House bill. It will ultimately drive down premiums by 10 percent, in their estimation. It will provide further relief to the middle class by cutting taxes—a tax cut of \$883 billion. It will also reduce the deficit by \$337 billion, according to CBO.

That is only considering one part of our three-pronged approach. It does not take into account the other actions Congress, the Governors, or the executive branch can take to further provide relief, lower costs, and improve access. Obviously that means the CBO's statistics, on average, are premature and may not represent the final number of Americans covered under the plan.

Last night, we confirmed Seema Verma to head the Centers for Medicare and Medicaid Services, known as CMS. In that role, Administrator Verma has very broad authority to regulate how ObamaCare interacts with the Medicaid Program.

ObamaCare spent years raiding Medicare funds and putting Medicaid on an unsustainable path. Now she has the ability to work with States on much needed reforms.

The Secretary of Health and Human Services, Dr. Tom Price, just met with Senate Republicans to discuss what he is doing to lessen the burdens of ObamaCare on the American people.

ObamaCare gave significant regulatory flexibility to the Health and Human Services Secretary, as well as the CMS Administrator. Secretary Price and Administrator Verma now have the ability to make serious policy shifts to benefit the American people.

With the three-pronged strategy, we can begin to put the troubles of ObamaCare behind us. We can work together to make the health care marketplace more accessible and affordable.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

DISAPPROVING A RULE SUBMITTED BY THE DEPARTMENT OF LABOR

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.J. Res. 42, which the clerk will report.

The senior assistant legislative clerk read as follows:

A joint resolution (H.J. Res. 42) disapproving the rule submitted by the Department of Labor relating to drug testing of unemployment compensation applicants.

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

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

TRUMP CARE

Mr. DURBIN. Mr. President, last week congressional Republicans finally unveiled their proposal to replace the Affordable Care Act. The Affordable Care Act is a law passed by Congress a little over 6 years ago with the express goal of expanding the number of Americans with the protection of health insurance. It has been successful. We have the lowest percentage of uninsured Americans in history. What it means is that through offering Medicaid to those in low-income categories, offering help to pay premiums for those in middle-income categories, and offering choices in the insurance exchange, we have really changed health insurance in America in 6 years.

Now Americans realize that when they take a look at their actual health insurance policy, it is worth something. It may be hard to remember—but we should—that only 6 years ago, if you happened to have a child with a preexisting condition and you were not lucky enough to have your insurance through your employer and you went out on the open market, you were in for a rough ride. Many health insurance companies would not insure a family with a child who had a history of diabetes or surviving cancer. We changed that. We said that no health insurance company in America can discriminate against a person or family because of a preexisting medical condition. Is there one of us who lives in a family which doesn't have a relative, a close relative, with a preexisting condition? That was an important reform that was part of the Affordable Care Act, ObamaCare.

We also came to realize they were selling health insurance to people with some fine print that made a difference—lifetime limits on coverage. Well, I have \$1 million coverage. That sounds great, until the next diagnosis or the next accident. Now, \$1 million doesn't seem like such a large amount of money, and God forbid you end up with a chronic illness.

One of my constituents came by to visit me 2 weeks ago. She was a guest of one of the Members of Congress during the President's speech to the joint session. She was diagnosed a few years ago with an unusual disease, one that is life-threatening at any given moment. She told me that in the past 3 years, she has spent more than \$700,000 on medication—\$700,000—and that will be a burden she faces for the rest of her life.

If her health insurance had a limit on how much it paid, there would reach a point where she couldn't buy the medicine she needs to save her life. We did away with that, and we said: You can't discriminate against people by putting these limits. We also said: When it comes to charging premiums, you can't discriminate against a person applying for health insurance solely because they happen to be a woman.

There has been a lot of controversy over that in the House in their debate over the last week or so, but what we said basically is that when it comes to insurance risk, put everyone in together, make this a bigger pool of people seeking health insurance so insurance can be profitable and affordable at the same time.

We also said: When it comes to the premiums charged on health insurance—and I call attention to all of us over the age of 50—we said you cannot discriminate in premiums you charge in health insurance. There can't be a disparity of more than 3 to 1 for the most expensive health insurance policy to the least expensive. We also said, in addition to that, if you have a child, son or daughter, graduating college and looking for a job but has no healthcare benefits, keep them on your family plan until they reach the age of 26. I have been through that. Most families have.

I had a recent college graduate, no longer with student health insurance, and I said: Jennifer, do you have health insurance?

Dad, I feel just great.

No father wants to hear that answer. So we changed the law.

When it came to Medicare, under the Affordable Care Act, we said: We are going to eliminate the gap in coverage for prescription drugs for seniors. They used to call it the doughnut hole. It made no sense. It was something only Congress could dream up. We closed it and said: We are going to give seamless coverage to Medicare prescription drugs. That was part of the Affordable Care Act.

We put in incentives for people providing medical care to find ways to give us good quality care and reduce the cost. What was the net result? The slowest growth in hospitalization premiums for employer-based healthcare that we have seen in modern times.

When they put this new model for healthcare against the Medicare Program—that is a program for seniors and disabled—guess what. It bought 10 years of solvency for Medicare. That

meant a program that is critically important for 60 million Americans had 10 more years of solvency.

Did this program have problems? Of course it did. When you take on the healthcare system of America, you are not going to get it completely right the first time. I believed—and many others did—that as important and valuable as that vote was, we had to be prepared to return to this program to make sure we addressed problems as they would arise.

For example, there is nothing in the Affordable Care Act of substance when it comes to controlling the price of pharmaceuticals—prescription drugs.

Well, I can tell you what has happened. Blue Cross Blue Shield in Chicago came to see me, and the CEO said: Blue Cross Blue Shield is now paying more for prescription drugs than we are paying for inpatient hospital care. The cost of drugs has gone through the roof. The net result of that, of course, is the cost of healthcare goes up too. The Affordable Care Act should have addressed that but did not.

We also had to find a way to make sure there was health insurance available all around the United States. Some companies jumped in; some jumped out. Many of us believe we should have a single-payer plan available in every part of America so you could choose for your family a Medicare-type plan if you wish. Otherwise, you would go to a private health insurance company, if you wish. It is your choice.

The Republicans opposed the Affordable Care Act. In the House, they voted against it 57, 58 times—I lose count. Then came the day when they had the majority in the Senate, in the House, and in the White House—the answer to their prayers. Now, once and for all, they can get rid of the Affordable Care Act. They have the votes, but then there was a problem.

People across America started asking: If you repeal it, what will happen next? Will I still be able to get health insurance? Will I be protected if I have a preexisting condition? Will there be limits on what the policy covers?

Well, they hadn't quite thought that far ahead to look for the substitute, to look for the replacement. So they went to work in a matter of 5 or 6 weeks and created what is now being considered by the House of Representatives—the Republican replacement plan.

The Congressional Budget Office is a nonpartisan office that takes a look at our bills and legislation and puts a score on them. How much is it going to cost? What is it going to do?

We waited for Congressional Budget Office scores over and over again when we wrote the Affordable Care Act. They would come in and say: Nope, you have to go back to the drawing board. You have to change this and change that.

Well, just this week, they came out with the score on the Republican replacement plan, the one to replace the Affordable Care Act. They took a look at it, and here is what they told us.

To start off with, the Republican replacement plan throws people off health insurance coverage. How many? Remember when President Trump said the GOP healthcare bill would have “insurance for everybody”? Under TrumpCare, the new Republican plan, TrumpCare, 14 million people would lose their health coverage next year. By 2026, 24 million people will have lost their healthcare coverage.

Is this what we were looking for in the replacement plan for the Affordable Care Act, to say to 24 million Americans, you will no longer have health insurance coverage? Think about the outcome of that. Think about someone with a chronically ill child or someone who faces a chronic illness themselves with no health insurance.

Think about a working person who has no health insurance where they work. At least they had coverage through Medicaid and perhaps through the insurance exchange with a subsidy. Now they are losing it.

Think about those same people without health insurance. They will still get sick and will still go to the hospital but will be unable to pay. Incidentally, their bills they can't pay, we pay. Those bills are passed on to everyone else.

So the first plank of the Republican TrumpCare, according to the Congressional Budget Office, is to eliminate health insurance for 24 million Americans. In addition, the Republican TrumpCare plan significantly raises premium costs on seniors.

According to the official Congressional Budget Office estimate, the bill will “substantially raise premiums for older people.” How does that happen? Well, in addition to cutting back on the financial assistance for seniors to buy health insurance, TrumpCare would allow insurance companies to charge older people significantly more than the Affordable Care Act. Remember the limit, the 3-to-1 limit on premiums that we built into the Affordable Care Act? TrumpCare says: No, make that 5 to 1. So it means, if you are over the age of 50, buying health insurance, your premiums can go up dramatically, according to the Congressional Budget Office.

There is another thing too. As we take more and more people off of health insurance coverage, it really, in a way, dampens the incentive for affordable healthcare so the costs are not contained as they are today, and the solvency of Medicare—which we said was 10 years more, remember that—they reduce it by 4 years.

What the Republican TrumpCare plan has done is it threatens the solvency of Medicare. Is that what we were looking for on the repeal of the Affordable Care Act? I don't think so.

TrumpCare also raises costs for lower and middle-income families. By repealing the cost-sharing subsidies and lowering the bar on health plans, the Congressional Budget Office says that

lower and middle-class families shopping in the individual market should expect to see—and I quote from the report—“substantially increasing out-of-pocket costs.”

The bill also defunds Planned Parenthood, which was to be expected. We expected it in many bills. According to the Congressional Budget Office, defunding of Planned Parenthood would “affect services that help women avert pregnancies . . . most likely residing in areas without other health care clinics or medical practitioners who serve low-income populations.” The Congressional Budget Office projects that 15 percent of those people—again, these are lower income women in medically underserved areas of America—would lose access to care.

Also, TrumpCare, at the same time it does this—eliminates health insurance for 24 million, raises the premium costs, and defunds Planned Parenthood. For good measure, TrumpCare also provides tax cuts to the wealthiest people in America. Is that what we were looking for? Was that part of the bargain? Those making over \$1 million a year in income will get a \$50,000 tax cut from the TrumpCare bill. The wealthiest one-tenth of 1 percent get a tax cut of nearly \$200,000.

Finally, while cutting taxes for the very rich, TrumpCare also slashes \$880 billion in Medicaid spending over the next 10 years. Medicaid is a vital healthcare program. Most people think about Medicaid—oh, that is health insurance for the poor. It is. But who are the poor? Overwhelmingly in numbers, they are children and their moms who are in low-income groups. That is the biggest number, but the biggest expense for Medicaid isn't kids and their moms. It is grandma and grandpa. It is our families and parents who are in an assisted care home who have Social Security, Medicare, and Medicaid to get by.

These cuts by the Republicans and TrumpCare to Medicaid will be felt by families across the board. In addition, it means that those who represent States like mine and the Presiding Officer's, with rural populations that have small hospitals that depend on patients paying something when they come through the door—many of them are paying through Medicaid, and if Medicaid is reduced, the payments to the hospitals are reduced.

That is why the Illinois Hospital Association warns us against TrumpCare. The Illinois Hospital Association says it will threaten the hospitals of my State. They will not be receiving the Medicaid reimbursement. They believe that up to 90,000 jobs at these hospitals will be lost in Illinois. I will tell you, as a downstater, those are some of the best paying jobs in the community. Many of my small towns trying to keep businesses or attract businesses brag up their hospital, as they should, and now TrumpCare threatens the future of these hospitals.

Medicaid is a vital healthcare program for 65 million Americans—seniors, persons with disabilities, children, and low-income families nationwide, 3 million of them in my State. TrumpCare would devastate the program. By 2026, according to the Congressional Budget Office, 14 million fewer people would have Medicaid.

The Affordable Care Act took a lot of good steps toward improving healthcare for seniors. Before the Affordable Care Act, the number of uninsured adults ages 50 to 64 rose substantially—growing from 3.7 million in 2000 to 8.9 million in 2010. Insurance companies were rejecting more than one in five applications from individuals between the ages of 50 and 64.

Thanks to the Affordable Care Act, the rate of uninsured adults ages 50 to 64 dropped 47.4 percent, from 11.6 percent to 6.1 percent. The largest reduction in the uninsured rate occurred in the States that chose to expand Medicaid.

The Affordable Care Act also prohibited insurers from denying coverage, as I said earlier, to people with pre-existing conditions. It limited how much insurers can charge older enrollees, closed the doughnut hole, and made important preventive services available for free, such as colonoscopies and annual checkups.

Let's look at what the TrumpCare program—the Republican program—does to seniors. It allows insurers to charge older people significantly more than younger people, it reduces tax credits to seniors who pay their premiums, and it would devastate the Medicaid Program, which helps to pay for two out of every three seniors in nursing home care.

There is another thing I want to make a note of. Many years ago in the Senate, back at that corner desk, sat a Senator from Minnesota named Paul Wellstone, a Democrat. Over here on the aisle sat Pete Domenici of New Mexico, a Republican. For years they argued that we should include in every health insurance plan in America coverage for mental health, and the insurance companies fought them. Because many mental health conditions are chronic and long-term and may, in some cases, be expensive, they didn't want them. But Wellstone and Domenici had family members who struggled with mental illness, and they said we need to include this in every health insurance plan. Thank goodness they finally prevailed. Every health insurance plan in this country has to treat physical health issues and mental health issues the same, thanks to Wellstone and thanks to Domenici.

In addition they added something that many of us overlooked: It said mental health and substance abuse treatment. What does that mean? It means that if some member of your family is addicted, your health insurance plan can help pay for the help they need to get rid of their addiction. For a lot of people it was the only

place for them to turn, and it worked, and thank goodness it did, because we are at that moment in American history where because of opioids, heroin, and fentanyl, we have dramatic increases in addiction.

Now what is going to happen under the TrumpCare approach when it comes to mental illness and substance abuse treatment? Are we going to require—mandate—every health insurance plan to include mental health treatment as well as substance abuse? Over and over we hear from our Republican friends: We want competition. We want choice. We want to eliminate mandates.

They can take that approach, but we are going to lose coverage for 24 million Americans. If they take that approach, we are going to be offering health insurance plans that aren't there when families need them.

We had a roundtable discussion in Rockford, IL, last Friday. When I go to these communities, I bring in people who are administrators of the hospitals, the doctors, the nurses, the clinics, the substance abuse treatment centers. To a person, they oppose TrumpCare. Every single one of them said that it is the wrong thing to do at this moment in time. It will leave people more vulnerable. It will leave families with health insurance that is worthless when they need it. Those are the bad old days we finally escaped 6 years ago, and now Republicans want us to return to this competition-choice access to healthcare. I have access to a Rolls Royce dealership, too, but I am not going to be buying a Rolls Royce because I can't afford it. If you give a person access to health insurance that they can't afford, you are not giving them anything.

What we tried to do with the Affordable Care Act is to make sure we gave people not only access but protection with health insurance. From the beginning, the Republicans have said: Let's repeal the Affordable Care Act. Now they have found that replacing it is a lot harder than they ever expected.

I said from the beginning, as well, if the Republicans are willing to take repeal off the table, I am going to pull up a chair. If they want a bipartisan approach, an honest approach to making the Affordable Care Act better, let's sit down and talk. Sign me up. If the goal is to give more people good health insurance that they can afford to protect their families, if the goal is to find ways to give us better healthcare, quality results at a lower cost, I want to be a part of that conversation. But if the goal is to deny health insurance coverage to 24 million Americans, count me out. That to me is a step backward in time.

What comes next? If the Republicans do this to the Affordable Care Act, what is next—Medicare? Well, we happen to know the Secretary of Health and Human Services believes in privatizing Medicare. I don't. I think that is a step in the wrong direction,

and it will reduce the protection of Medicare. But if they will do this to the Affordable Care Act, then can Medicare or Social Security be far behind?

It is important that we maintain our values when it comes to critical programs that America and its families count on.

I hope the House of Representatives defeats TrumpCare, puts it out of its misery, and then invites all of us to come together on a bipartisan basis to talk about what we really need for healthcare in this country.

I find it incredible that there is no major medical group in America today that supports TrumpCare—none, not one. All we have is some conservative think tanks that believe this is a wonderful model. But the people on the ground—the administrators in the hospitals, the doctors, the clinicians, the nurses, the people in the healthcare clinics—all tell us TrumpCare is a disaster. It is a step in the wrong direction. It is going to decrease coverage and increase costs. That is not something that America needs for its future.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Mr. GRASSLEY. Mr. President, I ask unanimous consent to enter into a colloquy with the junior Senator from Utah and the junior Senator from Nebraska.

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

SEPARATION OF POWERS

Mr. GRASSLEY. Mr. President, I have come to the floor several times over the past 8 years to discuss the constitutional principle of separation of powers between the legislative, executive, and the judicial branches. President Obama promised that he would act independently of Congress where he had to; his quote: "Where they won't act, I will." I have come to the floor to discuss the many examples of Executive overreach that we have witnessed, from unilateral pursuit of climate change regulations to unconstitutional recess appointments.

As I have said before, the structure of our Constitution is a critical safeguard of our liberty. As Justice Scalia famously said:

Every banana republic in the world has a bill of rights. Every President for life has a bill of rights. The real key to the distinctiveness of America is the structure of our government.

Now, I have served in the Senate for 36 years, so I have a deep appreciation of the different roles of the coordinate branches and for the fact that the people govern themselves through their

elected representatives, and my accountability to them is the defining characteristic of my role as one of their representatives in the U.S. Senate.

That is not true of judges in our Federal system who are not elected, and it is certainly not true of the executive agencies that administer the laws we write here in the Congress.

Judge Gorsuch is the President's nominee to serve as the next Justice of the Supreme Court. It seems to me that he really understands the important differences in these roles. Reflecting on the legacy of Justice Scalia, he remarked that "the great project of Justice Scalia's career was to remind us of the differences between judges and legislators."

So I am now going to turn to Senator LEE. I would like to have him discuss a question I put before him: How do you understand Judge Gorsuch to view differences between judges, legislators, and the executive under our Constitution?

Mr. LEE. I thank Senator GRASSLEY. The Senator's question really cuts to the heart of the issue. It cuts to the heart of the very reasons why we have an independent judiciary and exactly why it is that our system of government that operates under the U.S. Constitution depends so critically on individuals just like Judge Gorsuch. It depends on people like Judge Gorsuch sitting on the Federal bench.

There are, I believe, two fundamental differences between the judiciary on the one hand and the two political branches on the other hand; that is, the two branches in which people serve after being elected to office, meaning the legislative branch where we work, and the executive branch headed by the President.

First, the legislative and executive powers sweep far more broadly than does the judicial power. Article I enumerates a list of lawmaking powers that are granted to Congress, and article II vests executive power in the President. By comparison, the judiciary's power is far more circumscribed. It is far more limited.

The judiciary has the power to decide only a limited and defined set of disputes—those that qualify as cases and controversies under article III of the Constitution. To be clear, in the context of deciding a particular case, the judiciary has the power to invalidate an act put in place by the elected branches of government—the power to say what the law is, as Chief Justice John Marshall explained it in the landmark case *Marbury v. Madison*.

But that power is limited. It is limited, among other things, by article III of the Constitution and by jurisdictional requirements like standing and mootness and ripeness as explained in greater detail by Supreme Court precedent.

The judiciary's authority to say what the law is points to the second major difference between the courts on the

one hand and the political branches on the other. While the function of the judiciary is an exercise in reasoned judgment, the functions of the executive and legislative branches are exercises of power.

There are many ways in which the Constitution and the political theory underlying it limit the exercise of that power. The Constitution protects minority rights, and it conditions the exercise of legislative or executive power on winning elections, and that, in turn, means winning the trust of the American people—of the voters throughout the country.

These twin ideas—the consent of the governed and the protection of minority rights within an essentially majority-rule system—are pillars of our constitutional order. But make no mistake, coercion underlies the laws that we make in this body and their enforcement by the executive branch.

By contrast, the judicial function is ultimately an exercise in reasoned judgment. As Alexander Hamilton explained in *Federalist* 78: "neither Force nor Will, but merely judgment" are exercised by the judiciary. This is the essential difference between the judiciary and the other branches: The judiciary exercises judgment while all the rest of us exercise will.

The Framers, of course, understood this well. And as Hamilton continued in his explanation of *Federalist* 78:

Courts must declare the sense of the law, and if they should be disposed to exercise Will instead of Judgment, the consequence would equally be the substitution of their pleasure to that of the legislative body. The observation, if it proves anything, would prove that there ought to be no judges distinct from that body.

Put another way, a judge who chooses to exercise will instead of judgment is no longer acting as a judge. That person is instead functioning essentially as a superlegislator.

It should be clear to all fair-minded people that Judge Gorsuch is someone—and has established himself as someone—who understands these distinctive features of the Federal judiciary. When you read his opinions, you see that his only agenda is to understand the governing law and then to apply that law to the set of facts in the case before him.

As we will see next week during his confirmation hearings, his opinions carefully analyze the statutes and applicable precedents to determine the outcome of each and every case. In some cases, that means Judge Gorsuch reaches results that Senator Gorsuch or President Gorsuch or King Gorsuch probably wouldn't choose, were he deciding cases in any of those capacities. But Judge Gorsuch understands, of course, that he is a judge and not a king and not a President, not a Senator, not a Congressman, and he understands that this means his only job is to adjudicate cases based on the law according to the facts before him. As he said the night he was nominated: "A

judge who likes every outcome he reaches is very likely a bad judge—stretching for results he prefers rather than those the law demands."

When you examine his record, you see that one of the defining characteristics of Judge Gorsuch is his independence—his judicial independence. That is distinctively the hallmark of a good judge. You see that he decides cases based on the law, not based on the parties before him and not based on his own political or ideological preferences.

In the coming weeks, some of our colleagues may try to argue that Judge Gorsuch hasn't done enough to prove his independence since being nominated to the Supreme Court. If this criticism is raised against him, it will be a weak one. It will be one that doesn't apply here. The fact is that Judge Gorsuch has spent his entire career as a judge, and as a lawyer before that, proving his independence.

To his would-be critics, I would say, read and analyze his opinions. They speak for him. They speak for themselves. They speak for the rule of law. Study his approach to judging. Listen to what he says about judicial independence and, just as importantly, look at his actions. His actions prove his independence.

I have done these things. I have examined Judge Gorsuch's record. And on that basis, I am confident that he will not hesitate to apply the law appropriately in every case. There is absolutely no reason—no reason that I can find anywhere in his record—to prove otherwise.

I think I have only scratched the surface here today. I look forward to hearing Judge Gorsuch's testimony before the Judiciary Committee next week.

Mr. GRASSLEY. Mr. President, I thank the Senator for his very thoughtful explanation. I know both as a Senator and as a lawyer, he takes the study of constitutional law very seriously. His point of view ought to be seen as an authority on the separation of powers, particularly. I think the way Senator LEE sees Judge Gorsuch is similar to how I do, but he knows the law a lot better than I.

It is clear that the questions about separation of power can arise in very complex and legally technical cases in the courts. But I think the principle is also a fundamental one. Judge Gorsuch has made this point himself, and I would like to quote a little of what he has said.

Recent Supreme Court cases "permit executive bureaucracies to swallow huge amounts of core judicial and legislative power and concentrate federal power in a way that seems more than a little difficult to square with the Constitution of the framers' design."

To quote again, on the role of the prosecutor and the role of Congress, he said: "If the separation of powers means anything, it must mean that the prosecutor isn't allowed to define the crimes that he gets to enforce."

So I want to ask my other colleague here for this colloquy, the Senator from Nebraska, a question that I am sure he can answer and has thought about a lot. These are not just legal technicalities that we are talking about, but the very fabric of our Constitution. I hope the Senator would agree.

Mr. SASSE. I thank Chairman GRASSLEY for that question and the invitation to join him in the colloquy. As two of the only non-attorneys on the Judiciary Committee, it is important that we, on behalf of the majority of Americans, who are non-lawyers, do reclaim the separation of powers as a basic American inheritance. So I thank the Senator for the chance to discuss it here today.

Starting the morning after President Trump's victory last November, there has actually been something of a renaissance of separation of powers talk among many folks around this body, and that is a good thing. After 8 years of legislative atrophy, many on the other side of the aisle are now remembering the old "Schoolhouse Rock" distinction among the three separate and coequal branches, and this is good news for Americans' civic health.

If Democrats are serious—frankly, if all of us are serious, for we in this body have taken an oath not to a political party but to a constitutional structure of limits where power is intentionally separated and divided because our forefathers and foremothers were skeptical of the consolidation of power—if we take this seriously and we would like to reclaim some of the Congress's responsibility and ability and authority to check and balance the other two branches, the debate around Judge Gorsuch's nomination and the hearings we will have beginning in the chairman's committee next month are a great place to start. So I wish to offer a little bit of what I think is an important historical backdrop for this debate.

Any discussion of the separation of powers must be rooted in a solid understanding of what we mean and what the Founders meant by the phrase "the consent of the governed." Historically speaking, this is still a bold idea which must be constantly defined, reclaimed, renewed, and passed on to the next generation, for over the course of human history, we can put every form of government into one of two categories: You are ruled either by people you didn't choose or by people you did choose.

One of these groups has taken many forms through the centuries—Kings, elites, political parties, and technocrats. Indeed, most governments throughout human history fit this mold, where the people were ruled by a form of government that they had no say in and that they didn't choose. But there is another group, and these are people who rule themselves through the leaders they have chosen and continually get to choose. When the lead-

ers fail to serve the will of the people, those leaders can be removed. This describes our form of government and its historical anomaly. We should recognize that, and our kids should understand what a special blessing it is to live under this form of government.

The point is elegantly simple: Either people are ruled, or the people are ultimately and fundamentally the rulers. Why does this matter? This isn't a question to take flippantly but, rather, each generation of Americans should reexamine and reclaim and reteach it. So why is it so important that "the people" are actually the rulers in their government? It comes down to a profound truth about human dignity. Human beings cannot thrive when they are stripped of basic liberties. Human flourishing requires the freedom to make basic choices about how you will live your life in community: Who are your friends? Whom will you marry? Where will you work? What do you believe? Whom do you worship? How do you worship? These are the things the Founders meant when they said that we are all born with the right to life, to liberty, and to the pursuit of happiness.

Notice that the Founders were not referring to life, liberty, and the pursuit of happiness as a bunch of vague platitudes or as aspirational pleasant-ries for a bumper sticker; they were talking about rights. These are not given to us by any other man or woman. They are rights we have from God via nature, and so they can't be taken away from us by some other mere man or woman.

Here is what is great about this idea: We are all born equals in the eyes of God and history, and we have certain rights. As a group of equals, it requires people to get permission to serve for a time—for a limited time—as our rulers. This equality is what the Founders called the self-evident truth—something so obvious that it didn't need to be proven; a truth so true that denying it would be denying something essential and true about human nature itself. Once we understand this, our expectations of our government begin to change. We expect responsiveness and transparency. We expect equality before the law.

Government's primary purpose is not to solve every human problem, like a King or some all-powerful technocrat; rather, the government's job is to provide a framework for ordered liberty so that we can live our lives in our communities, in our families, in our businesses, and in our places of worship. Government's job is to secure the rights of a free and sovereign people.

But what does this have to do with Judge Gorsuch? What does this have to do with the confirmation hearing for the Supreme Court next week? What does this have to do with separation of powers?

As Americans, we secure our rights by separating the functions of government into what our Founders called

the three different departments: There is a Congress to write the laws, and this is article I of the Constitution; there is a President—or Presiding Officer, as he was first called—to execute the laws; and there is a court to decide the controversies under the law. This system of checks and balances keeps too much power from falling into any one set of hands, and it keeps the American people in charge.

We sometimes talk euphemistically about judicial activism, and that is a big problem, but we don't attack it enough. A judge who takes it as his or her job to do anything other than settle cases is not just being an activist, they are becoming an untouchable, unfireable ruler. They are becoming a lawmaker who is not accountable to the people because our judges have lifetime tenure. A judge who uses his or her position to write the law fundamentally undermines the foundation of government, which is that the will of the people should rule.

That is why I am so strongly supporting Judge Neil Gorsuch to be the next Justice on the U.S. Supreme Court. He fully understands the place in the government and his place in the government as a servant of the people, not as some unchosen ruler with lifetime tenure.

When you listen to Judge Gorsuch, when you read his speeches, when you read his opinions, it is clear that he is not interested in making laws. He knows that is not his calling. He is interested in interpreting law. He is interested in upholding and defending the Constitution. He is not interested, when he has his robe on, in specific policy outcomes; he is interested in justice. He is not interested in the laws that he as a private citizen might want; he is focused on the laws that are actually written in the books. He is a judge's judge, and that is exactly what the Constitution calls for.

In closing, I wish to read three quotes from Judge Gorsuch into the RECORD to demonstrate how he conceives of his job. Again, this is Judge Gorsuch paying tribute to Justice Scalia:

Tonight I want to . . . suggest that perhaps the great project of Justice Scalia's career was to remind us of the differences between judges and legislators. To remind us that legislators may appeal to their own moral convictions and to claims about social utility to reshape the law as they think it should be in the future. But that judges should do none of these things in a democratic society. That judges should strive (if humanly and so imperfectly) to apply the law as it is, focusing backward, not forward, and looking to the text, structure, and history to decide what a reasonable reader at the time of the events in question would have understood the law to be—not to decide cases based on [a judge's] own moral convictions or the policy consequences they believe might serve society best.

Again, he is saying a judge is not a superlegislator. If a judge wants to be a legislator, that is a completely fine thing to do. Take off your robe, resign your position, and run for office so the

people can decide whether to hire you or fire you. But a judge who has lifetime tenure doesn't get to make their policy preferences the will of the people somehow.

The second quote:

When the political branches disagree with a judicial interpretation of existing law, the Constitution prescribes the appropriate remedial process. It's called legislation. Admittedly, the legislative process can be an arduous one. But that's no bug in the constitutional design: It is the very point of the design.

Third and finally:

To the founders, the legislative and judicial powers were distinct by nature and their separation was among the most important liberty-protecting devices of the constitutional design, an independent right of the people essential to the preservation of all other rights later enumerated in the Constitution and its amendments.

If my colleagues in this body are serious, if the hundred of us are serious, if we want to defend our role as legislators, if we are serious about doing our job as lawmakers, if we are concerned about overreaching Executives, if we are concerned about the lack of accountability in the administrative bureaucracy of the government, if we honestly want to make Congress great again, we should start by confirming Judge Neil Gorsuch.

Mr. GRASSLEY. Mr. President, I thank the Senator for his very thoughtful explanation. Senator SASSE and Senator LEE have laid out very clearly the Constitution's separation of powers, the proper role for judges, the proper role for Members of Congress, and when one can't interfere with the other. I think the Senator has laid out very clearly, and I agree, that Judge Gorsuch fits in very well with what judges are supposed to do, what the Supreme Court is supposed to do—obviously not legislate. Members of the judiciary have a lifetime appointment. They can't be voted out of office. That is why, when people don't like what the Congress does, every 2 or 6 years as far as the House and the Senate are concerned, they get a chance to express that opposition and send somebody else to do the job, and they can't do that with whoever is on the Supreme Court.

I thank my colleagues for participating with me in this conversation we have had about the separation of powers and about their thoughts on Judge Gorsuch on the issue of judges judging and not legislating. His record demonstrates a firm grasp on the separation of powers that animates our Constitution. He is an independent judge who properly understands the judicial role. At a time when we hear renewed calls for an independent judiciary, I don't think we could have a better nominee to fit the bill.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

TRUMP CARE

Mr. VAN HOLLEN. Mr. President, I rise today to talk about the so-called healthcare bill coming out of the House

of Representatives which has been supported by the President.

We just yesterday got the report from the Congressional Budget Office which analyzes this legislation and its impact on Americans. What we find in great detail and with great clarity is that this TrumpCare legislation is a huge tax windfall to the wealthiest Americans at the expense of affordable healthcare for tens of millions of our fellow citizens. It is time the Senate begin to pay attention to what is happening in this legislation.

Someone might look at this and now call it not "TrumpCare" but "Trump doesn't care" because what we find out is that in the very first year, in 2018, 14 million Americans will lose their health coverage—14 million in the very first year this is implemented. Those are moms, dads, kids, people of all ages—our fellow Americans. Just 2 years after that, beginning in 2020, we are going to see 21 million of our fellow citizens lose their access to health coverage. Let me be clear. When we say they lose their access to affordable care, we are talking about compared to what they have right now under the Affordable Care Act, under ObamaCare. So in the year 2020, 21 million Americans who have access to affordable care through the Affordable Care Act are going to lose it, and within 10 years, that will rise to 24 million of our fellow citizens.

Not only are those millions of Americans going to lose their health care in the early years of this new plan, people are going to see their premiums spike in the individual market. We have heard understandable complaints about the increase in premiums in the Affordable Care Act exchanges. There are commonsense things we can do to fix it. Many of us have put forward proposals to do that, but this will actually dramatically spike up to 20 percent premiums in those markets in the early years. Who gets especially hard hit? Well, older Americans. Americans between 47 years old and 64 years old, before they are old enough to receive Medicare but when they are old enough to be potentially experiencing many healthcare issues.

In fact, if you look at the Congressional Budget Office report, and I know people sometimes gloss over the fine print, but table 4 indicates that if you are a 64-year-old with an income of \$26,000 a year, your premium is going to increase from \$1,700 a year to a whopping \$14,600 per year. That is in the Congressional Budget Office report, but you know what, AARP, they believe it. They are on full alert, letting Americans throughout the country know how damaging this will be to older Americans who will, all of a sudden, see their premiums, their copays, and their deductibles going through the roof. It is going to become absolutely unaffordable for those older Americans to get health insurance.

On top of that, despite what we all know is an opioid crisis in the country,

an epidemic of substance abuse and addiction, despite that, this TrumpCare bill actually eliminates the Medicaid funding specifically to deal with opioid addiction. I know many members of the Senate and the House have been going back home, going to all parts of their States, urban areas, suburban and rural areas, to talk about the scourge of opioid addiction, and many have been talking about the fact that the Senate was able to work to increase funding to address those addiction issues, but this House bill, this TrumpCare bill, actually eliminates the Medicaid Program for opioid abuse and addiction.

The list of horrors goes on and on. They claim you are going to be able to get coverage—no problem if you have preexisting conditions or whatever. The reality is, let's say you have a job, let's say you lose your job, let's say you lose your income because you lost your job, you only have 63 days to turn around and get insurance, which may not be affordable. If you are not able to find your insurance, an affordable insurance plan in those 63 days, when you finally do, they are going to charge you a 30-percent penalty. So you lost your job. You have no income so you can't afford insurance. Yet, when you are finally in a position to do it, they are going to charge you a penalty of 30 percent.

The more you dig into this TrumpCare legislation, the more things like that you find out. It is really important that the American people know what is in it as we debate this important issue.

Women's health. The TrumpCare bill directly goes after women's access to affordable healthcare, including their defunding of Planned Parenthood. I think all of us know that in many parts of our country, Planned Parenthood clinics are the only viable source of healthcare for women who are looking for cancer screening, breast cancer screening, cervical cancer screening, and other preventive healthcare measures.

As we read this report from the Congressional Budget Office that just came out yesterday, we are getting a better idea of why the House of Representatives was so eager to rush this through the committees—rushed it through the Ways and Means Committee, rushed it through the Energy and Commerce Committee in the House—because apparently it is a lot easier to vote for a piece of legislation when you don't know the consequences. Apparently it is easier to say yes to this bill when you don't know that it will deny healthcare coverage to 24 million Americans, spike premiums over the next couple of years, eliminate other important coverages for our fellow Americans, but people don't have that excuse anymore.

They tried to rush it through. They got it through those two committees. Willful ignorance allowed them to have those votes and it passed those committees, but now we have, from the

Congressional Budget Office, a comprehensive and thorough analysis of the impact on our fellow Americans. It hurts. It hurts a lot. Now, I recall, and I think the American public recalls, that during the campaign on “60 Minutes,” Candidate Trump said:

I’m going to take care of everybody. I don’t care if it costs me votes or not. Everybody is going to be taken care of much better than they are taken care of now.

Well, you tell that to the 14 million Americans who are going to lose their health insurance in 2018. You tell that to the 64-year-old who would be paying \$14,000 in premiums a year, up from \$1,700 under the Affordable Care Act. You tell that to people who are suffering from opioid abuse in all parts of our country when the Medicaid Program no longer has to provide coverage for substance abuse.

That is not taking care of “everybody.” That is leaving tens of millions of Americans behind. That was during the campaign. Here is what we heard from President Trump in January, this year. He is going to provide “insurance for everybody.” That is just not so, unless what you are saying is we are going to offer you a totally unaffordable insurance plan.

By the way, if you happen to have enough money, you can pay for it. It is kind of like saying to somebody: You know what, that Rolls Royce or that Lamborghini, that is available for purchase, but most of us just don’t have the money to afford that kind of purchase. In that theoretical sense, you may argue that health insurance is available, but the Congressional Budget Office did not look at theories. They looked at facts. They looked at the impact on real Americans and concluded that 14 million would lose their access in 2018, rising to 24 million over the next decade.

Despite the fact that on March 9 President Trump tweeted that “it will end in a beautiful picture,” that is not a beautiful picture for tens of millions of Americans who will be left behind by this series of broken promises, broken promises and betrayal from President Trump. As he campaigned around the country, he promised coverage for everybody, affordable coverage. We would all love it.

Now we have the hard facts. So it was quite a spectacle to see the Secretary of the Department of Health and Human Services, Tom Price, trying to run away from the facts in the Congressional Budget Office report. He got up and said, you know, he does not really believe the Congressional Budget Office report.

Well, the reality is that Tom Price, when he was Congressman Price, when he was the chairman on the House Budget Committee, along with Senator ENZI, helped pick the current Director of the Congressional Budget Office, Keith Hall. I know that because I was the senior Democrat on the House Budget Committee. I was part of the interview process. You know, they let

us come along, but the reality is, at the end of the day, he was picked by Secretary Tom Price.

Here is what Tom Price said about the Director of the Congressional Budget Office. He said:

Keith Hall—

That is the Director—will bring an impressive level of economic expertise and experience to the Congressional Budget Office. Throughout his career, he has served in both the public and private sector under Presidents of both parties and in roles that make him well suited to lead the Congressional Budget Office.

He goes on to praise the Director of the Congressional Budget Office. I know the Presiding Officer and our colleagues have experience understanding how important it is to have a non-partisan referee in the Congressional Budget Office. Otherwise, it is anything goes. Senators get to make up their own facts. I know we have a White House and a President that has invented the term “alternative facts” and “alternative reality” and “alternative universe,” but here in the Congress, we have prided ourselves in knowing there is some referee on the field when it comes to the Congressional Budget Office. We don’t agree with every single conclusion they have, but we don’t work to discredit them. It really is a discredit to the Secretary of HHS that having praised and picked the current Director of CBO, he would now attack that institution simply because he does not like the results of their analysis.

I would not like the results either because they show how devastating TrumpCare is for the American people. It shows what a total betrayal of the President’s promises TrumpCare is to the American people. It is not just the Congressional Budget Office analysis that has reached that conclusion. He is going to also go after AARP because they are on full alert, and they are calling all their members to say this is a really bad bill for tens of millions of Americans, especially older Americans, people in the range of 47 years old to 64 years old, before they get on Medicare.

The American Hospital Association and hospitals in all parts of our country, and especially rural hospitals, areas Candidate Trump campaigned heavily in, are letting their members know the devastating consequences of this TrumpCare bill. The American Medical Association, the people who are providing health care to our fellow citizens, they are letting people know how damaging this will be.

So we have a wide array of Americans who are in the position, and it is their job to provide health care to the American public, who say: Whoa, this is harmful to your health. This is a danger to the healthcare of the American people. It is not simply the numbers, it is also the people and faces behind those numbers.

From Maryland, I got a note from Jenny from Salisbury. That is in Eastern Maryland. That is a rural part of our State. She said:

I have a rare progressive lung disease. With good care I may live 30 more years. Without it, I may live 5 or 10, sick and disabled. I remember high-risk pools and preexisting conditions exclusions. I need the ACA. I may die without it and I am afraid for my life.

Here is Gail from Annapolis:

I’m very concerned with the repeal of the Affordable Care Act. It helps the disability community. Our adult daughter who has a severe cognitive disability will be relying on Medicaid for health services after my husband retires this summer at age 70 with a second-time recurrence of lymphoma. I don’t know what you can do, but this is a concern as aging parents find their special-needs adult child may not have coverage as she loses her family’s ability to support her healthcare.

The letters go on and on from all parts of Maryland and all parts of the country. What adds insult to injury is that all these Americans are going to be harmed, the 24 million who will lose their healthcare coverage, those who will experience spikes in their premiums and copays, the older Americans—47 to 64—who are going to see gigantic increases in their costs so they are not going to be able to afford healthcare anymore, those in rural areas and urban areas in all parts of our country who are suffering from opioid abuse but Medicaid is no longer going to cover it. All of that harm is being done to tens of millions of our fellow citizens in order to give this huge tax break to the wealthiest Americans and special interests, including insurance companies and the pharmaceutical industry.

The Congressional Budget Office report is pretty clear—\$590 billion in tax cuts. Do you know what the top one-tenth of 1 percent income earners will get in terms of tax cuts? An average tax cut of \$200,000. Millionaires will get an average tax cut of \$50,000. There is even a provision in here that says to insurance companies: We are going to subsidize the bonuses you pay to CEOs. You are now going to be able to deduct the multimillion-dollar bonuses you pay to your CEOs. We are going to do that so that fewer people can have health coverage.

We get rid of the fee on insurance companies that helps to provide access to millions of Americans.

It is simply grotesque that we see this legislation getting as far as it has. We know why they tried to move it so quickly without a Congressional Budget Office report—because this report is devastating. It should be the final nail in the coffin of TrumpCare, and we should all, frankly, be a little embarrassed by a proposal that provides \$590 billion in tax cuts to the wealthiest Americans and some of the most powerful special interests at the expense of healthcare for so many of our fellow citizens.

We have to say no to this plan. We have to say no to TrumpCare. And let’s get about doing our business. There are some issues we can deal with, with the Affordable Care Act, but you don’t destroy it while giving these tax breaks

to the wealthiest Americans in order to do our job.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, before the distinguished Senator from Maryland leaves the floor, I want to thank him for his powerful advocacy on behalf of his citizens. And I would only say “amen” as he was speaking because there is so much at stake for the moms and dads and kids and grandpas and grandmas in Michigan and Maryland. And that is why we are on the floor speaking out so strongly and fighting so hard to defeat a very bad proposal.

Let me start by indicating that what is being debated right now in the House, the TrumpCare proposal, is not what President Trump promised. It is just not what he promised. He said it would be great. He said that people would get as good healthcare or better healthcare and that it would cost less. We know that is simply not true.

According to a FOX News report on the increase of people who would no longer have healthcare, be able to get medical care, be able to go to a doctor under the new TrumpCare plan, 14 million people would lose their healthcare, be unable to take their children to a doctor, just in the next year, by next year. People will have to go to the emergency room rather than a family doctor. Rather than being able to take care of a cold or something minor for their children, chances are that it would become something very serious before they would be able to be in a position to take them to a doctor or, more likely, an emergency room.

We know that in the next 10 years, we are talking about 24 million Americans—moms, dads, grandpas, grandmas, kids who would no longer be able to see a doctor and no longer have health insurance.

TrumpCare would also cost 7 million people who have an employer right now who is providing them health insurance so that they can get to the doctor and care for their family—7 million people would lose the insurance they have through their employer right now. That is not making things better. There would be 7 million people in that situation.

This is really a triple-whammy for middle-class families across our country and certainly for people in Michigan. There would be higher costs, less coverage, and more taxes.

I believe we need to join with AARP and our doctors, hospitals, nurses, people who treat cancer, Alzheimer's, breast cancer, juvenile diabetes, and all of the other people who care for and advocate on behalf of loved ones or themselves, people who need to be able to see a doctor and get healthcare coverage. We need to say no to the TrumpCare plan that is being proposed in the House.

One thing that is really outrageous in this proposal is a senior tax that allows insurance companies to hike up

rates on older Americans. It is right in the budget report. This is in the budget report we have now received. They are saying that in 2026—in 10 years—a single woman or man 64 years of age making \$26,500 a year who currently pays \$1,700 for their health insurance would suddenly get a bill for \$14,600. So under this plan, that 64-year-old is going to go from \$1,700 out-of-pocket to see a doctor to get their treatments, to be able to get the care they need, to \$14,600. If you compare that to somebody who is 64 and makes \$3.7 million a year, the good news for them is that they are going to get a \$200,000 tax cut. Unbelievable. Unbelievable.

Most people in Michigan work hard every single day, get up and go to work, maybe take a shower after work, maybe take a shower before work, but most of the people I represent don't make \$200,000 a year. Yet we are talking about a \$200,000 tax cut for multimillionaires, which is in this proposal.

That is why the AARP, a nonpartisan organization representing millions of people across the country, is actively working to defeat this.

We also know that this creates what I call a voucher under Medicaid, meaning that instead of paying for whatever nursing home care is needed—if your mom or dad has Alzheimer's, Parkinson's disease, or they are simply in a nursing home for a variety of reasons, right now they get whatever care they need. There is not a cap on the amount of care. There is not a limit on the amount of care. Under this proposal, there would be X amount of dollars put aside for your mom or dad or grandpa or grandma, and if the care they needed because of their Alzheimer's disease was more than that, you would pay for it or your elderly parent in some way would have to figure out how to pay for it. This is outrageous.

Medicaid for families and for seniors in nursing homes has been a critical part of making sure people can get the medical care they need. I, frankly, celebrate today the fact that under the Medicaid expansion, under the Affordable Care Act, 97 percent of the children in Michigan can see a doctor. Imagine that. Ninety-seven percent of the children, almost all of our children, can go to a family doctor. Their moms and dads know that they are going to be able to take them to the doctor when they get sick. I don't want to roll that back, but that is what the TrumpCare proposal does.

We also know—because this was reported on FOX News as well—that the new plan would add a 15- to 20-percent premium increase for individuals starting next year—a 15- to 20-percent premium increase for individuals starting next year at the same time as big tax cuts for multimillionaires.

I have to say, as somebody who worked very, very hard on the women's healthcare provisions and authored the maternity care provisions, I find it outrageous that the TrumpCare proposal would mean that maternity care is not

covered as part of basic healthcare for women.

Prior to the Affordable Care Act being passed, only 12 percent of the plans in Michigan—12 plans out of 100—offered maternity care. If you tried to buy maternity care as part of the basic coverage, you would have to get a rider. You would have to pay more.

Let's say maybe you gambled. Well, you weren't planning on getting pregnant and you weren't sure what was going to happen, so you didn't pay extra. Then you get pregnant. Guess what. You had a preexisting condition, and you couldn't get insurance. We don't want to go back to the time where being a woman was, in fact, a preexisting condition. And speaking of preexisting conditions, this plan puts them back in the hands of the insurance companies and creates penalties for people.

The truth is, under the Affordable Care Act, we made sure that when you purchase insurance, it is a real plan. It is not a junk plan. You can't get dropped when you get sick. If you have a preexisting condition, they can't block you. If you are a woman, you don't have to pay more. If you have a mental illness rather than a physical illness, you don't have to pay more. If you need cancer treatments, the insurance company can't tell your doctor how many treatments you are going to get or how much they will pay for your treatments. Everybody has benefited from that. Everybody who has insurance in this country has benefited from that.

One of the most important provisions relates to preexisting conditions, and that, in fact, is not continued, as it should be for American families.

Finally, let me just say that while we are talking about people paying more, getting less coverage, middle-class families paying more in taxes, guess what. Wealthy people do not. So if you are a multimillionaire, you are going to get big tax cuts in this provision, and the middle-class family, the working family, is going to pay for it. They are going to pay for it in higher premiums. They are going to pay for it in less healthcare for their family. That is absolutely unacceptable.

In addition to that, there is a tax break for insurance company CEOs so that they can, in fact, get a raise up to \$1 million. So in this proposal, very wealthy people—insurance and drug companies' CEOs—are taken care of. Vast amounts of money are put back in their pockets, while money is taken out of yours. Absolutely unacceptable.

That is why we, as Democrats, are fighting so hard to make sure this does not happen, is not passed, and that, in fact, we will work together to strengthen our healthcare system.

We know there are areas where premiums are too high, copays are too high, and we need to work together on a bipartisan basis to fix that. But unraveling our entire system, ripping it apart, creating chaos, more cost, less

ability to go to the doctor, and less medical care for people is absolutely unacceptable.

The bottom line is that TrumpCare means more money out of your pocket and less healthcare for you and your family. That is just wrong in the greatest country in the world.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

TRUMPCARE

Mr. SCHUMER. Mr. President, I want to first thank my colleague from Michigan for her outstanding presentation. It was succinct. It was on point. It showed all the problems with TrumpCare. I hope we will see a lot more not only of her speaking about this—and I know we will—but those great charts she put together.

I, too, rise this afternoon again on the Republican plan to repeal and replace the Affordable Care Act. There has been some confusion about what to call it. Speaker RYAN, one of the principal authors of the bill, doesn't want it called RyanCare. President Trump doesn't want it called TrumpCare. President Trump slapped his name on buildings, ties, steaks, hotels, and golf clubs, but not on a bill that he says he supports. If it is so good, why doesn't any Republican want to put their name on it? I think the reason is because every single day, as we learn more and more about the bill, more and more Americans are turning against it. Doctors don't like it. Patients don't like it. Hospitals don't like it. Women don't like it. Millennials don't like it. Seniors don't like it. More and more Republicans don't like it. And Democrats are totally united against it.

So I just want to ask one question. TrumpCare has been public for 1 week now. Is there any group left in the country who actually likes it? I am not sure there is. So Republicans have resorted to their usual talking points.

They like to talk about access to healthcare. That is what Dr. Price said over and over again. He didn't talk about people getting healthcare, just having access to healthcare.

They say they want universal access to healthcare. Well, every American has universal access to a Lamborghini. You can walk into the Lamborghini showroom and say: I would like to purchase one. The proprietor says: Well, that will be a couple hundred thousand dollars. And you can't buy it. Access is not enough. Access is not enough.

Every single American would like a huge mansion worth \$10 million. They have access. They can go to a real estate agent and say: Show me a list of \$10 million mansions in my community. That is access, but they can't afford it. We know when Dr. Price and others talk about access, they are trying to actually verbally trick the American people because people can't afford this healthcare. They will not have the healthcare, but they can inquire about it. That is all access is.

Americans are smarter than that. They know having good health insur-

ance is what leads to affordable healthcare. Access to care will not make us well and will not save our lives if we can't afford it.

So what is the real effect of this TrumpCare bill? Last night the Congressional Budget Office made clear that 24 million fewer Americans will have health insurance if TrumpCare becomes the law of the land. It is one of the biggest broken promises that this President has made, and he has broken a lot of them. In an interview with the Washington Post, here's what the President said: "We're going to have insurance for everybody." President Trump: "We're going to have insurance for everybody" that is "much less expensive and better."

Well, the CBO report confirms that TrumpCare does not even remotely come close to that pledge. The President was off by only 24 million Americans. That is more than the population of my entire State.

Seniors will also get crushed with higher premiums. Americans of all ages will have to pay more out-of-pocket costs with deductibles and copays. Let me give you one example from the CBO report. A 64-year-old American not eligible for Medicare who makes maybe \$26,500 a year would have to pay a premium of \$14,600. That is more than half of that senior's entire income. How is that even possible? If there were ever a war on seniors, this bill, TrumpCare, is it.

The CBO report also showed that TrumpCare spends more on tax breaks for the very wealthy and for insurance companies than it does on tax credits to help middle-class Americans afford health insurance. In the final tally, TrumpCare would erase more than \$1 trillion from programs that help poor and middle-class families in order to fund an almost \$900 billion tax break aimed largely at the wealthy and corporations. That would constitute one of the greatest transfers of wealth from the middle class and the poor to the very rich in the last few decades. As my friend Leader PELOSI said this morning: It is reverse Robin Hood, taking from the poor and giving it to the rich. I would say that this bill, TrumpCare, is reverse Robin Hood on steroids.

Rather than going back to the drawing board to solve these problems, what are our Republican friends doing? Attacking CBO, the messenger. There is just one problem: This messenger they are attacking is their own messenger. Who appointed Dr. Hall as the head of CBO? Who was the person most responsible? None other than Secretary Price, now the head of HHS, handpicked him.

Dr. Hall has great conservative Republican credentials. Not only was he picked by Dr. Tom Price, but he worked at the Mercatus Center, which we all know is funded in good part by the Koch brothers. He is a man chosen by one of the most conservative Republicans in the House, who is now HHS Secretary. He taught at an institute

funded by the Koch brothers, the leading funders of the hard right, and they are attacking him. They don't like his honest answers.

Republicans are attacking the referee because they are losing the game, plain and simple. Everyone from second grade on was taught by their parents not to attack the referee because it is unsportsmanlike. In this case it is a lot worse. It has life and death consequences, unlike a softball game for a second grader.

If we look at the CBO's score, it is hard to call this a healthcare bill. A healthcare bill actually intends to provide insurance to more Americans; this bill results in 24 million fewer Americans with health insurance. A healthcare bill would help people afford health insurance; this bill would likely increase costs on middle-class and working families while making it cheaper for the top 1 percent and much cheaper for the top 0.1 percent. They get the biggest benefit. They get a huge tax break. A healthcare bill would seek to protect older and sicker Americans who need health insurance the most; this bill jacks up the price on older Americans the most. A healthcare bill would make it easier for Americans to shop for health insurance, but the CBO says that under this bill, plans would be harder to compare, "making shopping for a plan on the basis of price more difficult." That is their quote.

By no measure can we call TrumpCare an actual healthcare bill. The only thing this bill makes healthier is bank accounts for the wealthiest Americans. People who make above \$250,000 would get an average tax break of \$200,000. People who make \$1 million would get an average tax break of \$57,000. That is what this bill is all about.

Our Republican friends have cut taxes on the rich. That is what their tax reform bill will be about. That is what this is all about. At a time when Donald Trump was campaigning to help the middle class, the working people, he gets into office, and boom: The first big, big, big proposal reduces taxes on the wealthiest people. This is not going to play well in Peoria, Brooklyn, or Charlotte.

We Democrats are going to stand strong, stay united, and fight tooth and nail against TrumpCare until our Republican friends drop their repeal efforts for good.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

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

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

Mr. SCHATZ. Mr. President, what should we call it? What do we call this new bill the Republicans are rushing

through to take away healthcare from millions of Americans? Is it TrumpCare? Is it RyanCare?

It is important to remember that both PAUL RYAN and President Trump are branding experts. The President put his name on a line of steaks. He put his name on a magazine, on hotels. Then, here is the Speaker of the House, who has worked pretty hard to be thought of, at least in this town, as a policy wonk and serious thinker, who has branded everything he has worked on from the Ryan budget to "A Better Way." Yet neither leader of the Republican Party wants to own this thing. That is because TrumpCare is one of the worst pieces of legislation I have ever seen.

The process has been a total mess, and this is despite the fact that the Republicans had 7 years to work on a plan. At first, they were thinking about doing this without getting a score from the Congressional Budget Office, the CBO. Then they realized that even their own Members—even their loyal soldiers—did not want to vote on something without knowing how much it would cost or how many people would lose healthcare.

Now they are saying the score either does not matter or it is wrong except for the areas in which they like the score. They spent the last 48 hours trashing the CBO, when there is plenty of evidence that for the last 8 years, they referred to the CBO as an expert source when it fit their needs.

Look, the legislative process requires hearings, expert testimony, and that is not a mere formality. That is how you get a decent product. For all of the complaints about the way the ACA was passed, they did have hearings; they had discussions. It took over a year. President Obama, himself, even went to the Republican retreat and personally engaged in policy.

Moving this fast without having hearings is the kind of thing you do when naming a post office or doing some other noncontroversial measure, or it is the kind of thing you do for something that you don't want people to look at very closely because, with every moment that passes, this coalition frays, if it ever existed in the first place.

Now you have criticism from literally the left, right, and center. That is, in part, because no one saw this coming. No one expected a bill that would look like this because during the campaign this administration promised not to cut Medicaid. It promised that everyone—every single American—would have health insurance, but here we are. If TrumpCare becomes law, 14 million people will lose their healthcare next year. Let me repeat that. In just 1 year, 14 million Americans will no longer have the health insurance they were promised.

I want to talk about what that means, what will it mean if people no longer have healthcare.

This week, the Washington Post featured the stories of people in a single

county whose lives have changed for the better because of Medicaid. In McDowell County, WV, Medicaid has helped thousands of people get access to physical therapy and immunizations. It has allowed them to see counselors for mental health problems and opioid addiction. It has helped them to afford the medication they need instead of relying on free samples from clinics.

These services do not just benefit the individuals, they benefit the whole community by making sure people are healthy enough so they can work and contribute to the economy. They allow us to save money by focusing on prevention instead of treatment. This is what is at stake. These are the services that will go away because TrumpCare is going to cut Medicaid by \$880 billion.

Here is another thing. TrumpCare is also going to impose an age tax that will allow insurance companies to charge older people more money for health insurance—a lot more. I want to be clear. We are not just talking about senior citizens here, we are talking about people who are pre-Medicare; in other words, anyone under the age of 65 but not exactly young. For example, a 64-year-old will be charged up to five times the amount a 21-year-old will be charged. Starting at age 25, the older you get, the more money you will get charged. That is why AARP has come out against this bill, because every year you get older they will charge you more. This is an age tax. This is a penalty for getting older.

There is an important point to be made about process, and that is this: This is actually not a healthcare bill. That is not a political statement. That is not a rhetorical flourish. Here is what is going on. If this were a healthcare bill, it would be new legislation. In order to pass legislation, under the rules of the U.S. Senate, which were agreed upon by both parties over many years, you need 60 votes. The reason we are working this through reconciliation is, they have nowhere near 60 votes.

So what can you do within the reconciliation process? They are basically stuck with dealing with taxes and subsidies because they only require 51 votes. That is all they can do. This is a tax vehicle.

Then, the question becomes, Who is getting money, and who is getting charged more money? On that count, this tax bill is one of the biggest wealth transfers in American history. It is a transfer from working-class Americans to rich Americans. That is what this bill does. It takes money from the people who need help the most and gives it to the very wealthy.

Here we are in 2017, just a few months out from an election in which income inequality was one of the driving issues on both sides of the aisle. What the Republicans in the House seem to take from that experience is that their mandate is to go in and reduce taxes for insurance executives who make more

than \$500,000 a year and for the investor class in order to cut Medicaid by \$880 billion. It is like they were asleep all of last year or maybe they were never very serious about income inequality. We do not need another election to know this is not what the American people expect from the Congress. They expect bipartisan compromise. They expect results that will make their healthcare better.

My own view is, we can work together on healthcare, but it requires three things: first, good faith; second, bipartisanship; third, legislative hearings. Frankly, we have seen none of these things because the process has been a mess. We need to have a conversation in the light of day and let the American people weigh in. What is the rush?

There is no doubt there is plenty of room for improvement in the existing healthcare law, but TrumpCare makes it much worse. It will cause chaos in the American economy and in 24 million Americans' lives. That is a threat to the progress we have made over the last 7 years. It is a threat to one-sixth of the American economy. Most of all, it is a threat to at least 24 million Americans who stand to lose their healthcare.

These threats are the reasons the Senate needs to come together and say: Slow down. Let's work together. Let's work on forming a bipartisan foundation. Let's have hearings. Most importantly, let's not impose this catastrophe in a hurry on the American people.

I yield the floor.

Mr. DURBIN. Mr. President, I come to the floor today to talk about another rule the Republicans want to overturn instead of working with Democrats to create jobs. This rule outlines when State unemployment agencies can drug test applicants for unemployment benefits.

Today there are roughly 7.6 million Americans who are unemployed, and over 2 million of these unemployed Americans are collecting unemployment insurance. About 150,000 of these people live in Illinois.

Unemployment insurance benefits provide a lifeline to many workers and families who are struggling to make ends meet. If this resolution passes, my Republican colleagues will succeed in preventing hard-working Americans from receiving these benefits, and they will succeed in making it more difficult for unemployed Americans to find work.

This past August, the Department of Labor finalized a rule that explains when State unemployment agencies can subject unemployment benefit applicants to a drug test. The rule clarifies which occupations regularly conduct drug testing, as established by the Department of Labor, to help State programs that conduct drug testing.

This rule makes sure States have the guidance they need to implement drug testing requirements in a fair and legal

mariner, but if this partisan CRA is signed into law, it will undo a bipartisan compromise that was created to ensure equitable access to unemployment benefits.

Unemployed Americans have paid into the unemployment insurance program, and they are entitled to receive that insurance when they lose their job to circumstances beyond their control. By supporting blanket drug testing of unemployment insurance applicants, my Republican colleagues are targeting hard-working Americans who in many cases have fallen on hard times.

And let me be clear, this will make it more difficult for them to receive the benefits they have earned.

Millions of Americans around the country voted for leaders who would fight for the working class. Repealing this rule will be another broken promise to those families.

Drug testing is also expensive. In 2011, the Texas Legislative Budget Board estimated it would cost Texas \$30 million over the course of just 1 year if they moved forward with a universal drug-testing policy for unemployment benefits.

When States have conducted drug testing of applicants for other government programs, like the Temporary Assistance for Needy Families program, very few claimants have tested positive for drug use.

My Republican colleagues say that this resolution will help save taxpayer money, but overturning the Department of Labor's rule will lead to millions of wasted taxpayer dollars on drug tests that come back negative.

This resolution isn't about saving money. It is about paving the way for lawmakers who want to drug test every American who has to file for unemployment insurance; yet these same lawmakers aren't calling for drug testing Americans that claim other Federal benefits, like tax credits or deductions on their tax returns.

I urge my colleagues on the other side of the aisle to remember: the Department of Labor's drug-testing rule is about real people who depend on unemployment insurance to live in America.

They need these benefits to put food on the table, to make a rent or mortgage payment, or to pay for gas to allow them to continue their job search.

When people become unemployed, it is often a result of company downsizing or outsourcing American jobs, not drug use. We should not and cannot unfairly stigmatize these workers and make it even more difficult for them to get back on their feet after becoming unemployed by undoing this regulation.

I urge my colleagues to join me in voting against this resolution.

Mr. VAN HOLLEN. Mr. President, I rise in opposition to H.J. Res. 42 today, a bill in search of a problem. Back in 2012, Congress passed legislation to extend temporary unemployment insurance as our country worked to recover

from the recession. That legislation included a bipartisan compromise that allowed States to drug test people applying for unemployment compensation if they were fired from their previous job for drug use or they were pursuing employment in a field that regularly required drug testing for safety reasons. The Department of Labor was charged with determining those occupations.

This guidance is critical because courts have twice ruled against States who implemented blanket testing for TANF benefits. Without probably cause, they ruled that such testing violated constitutional rights. By overriding the Department of Labor's rule, States are left in confusion.

My colleagues on the other side of the aisle might argue that the authority to drug test is important to help save money in the program. There is no clear evidence that this is the case. There is also no convincing evidence of rampant drug use among beneficiaries. States have engaged in drug testing for TANF recipients with remarkably few results. In Oklahoma in 2015, nearly 90 percent of those required to take a drug test had a negative result for drug use. In fiscal year 2014, Utah's drug testing returned just 18 positive results. As of 2016, only 0.1 percent of all applicants for Tennessee's cash assistance program tested positive.

We all acknowledge an opioid crisis in our communities. Instead of using resources to help people access treatment programs, we are debating creating costly drug testing programs that have failed to produce significant results in States where they have been tried. Over in the House, they are considering TrumpCare, which would erode drug treatment coverage. We should be working to address this tragedy, not spending time on wasteful and damaging measures like these. I urge a "no" vote.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. CORNYN. Mr. President, I ask unanimous consent that the time until 5:45 p.m. today, including quorum calls, be equally divided in the usual form, with 15 minutes of the Democratic time being reserved for the use of Senator WYDEN or his designee; further, that at 5:45 p.m., the remaining time on H.J. Res. 42 be considered expired, the resolution be read a third time, and the Senate vote on the resolution with no intervening action or debate.

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

NOMINATION OF ROBERT LIGHTHIZER

Mr. CORNYN. Mr. President, today the Senate Finance Committee has

considered the nomination of Mr. Robert Lighthizer to be the country's next Trade Representative. This position serves as a vital role in our country's economic policy by negotiating trade agreements on behalf of the American people and making sure they are enforced according to their terms.

President Trump has made clear that his administration will be devoted to getting the very best trade deals possible for the American people. For Texas, my State—the Nation's top exporting State—trade is incredibly important. Many of our jobs and industries rely on trade agreements, like NAFTA, so that our goods and services can find new markets and more customers. As a matter of fact, 5 million American jobs depend on binational trade with Mexico alone, which gives us a sense of how important trade is to our economy at large.

I am happy to support Mr. Lighthizer for this important post. He has served in the Senate as a staffer on the Senate Finance Committee for the former chairman of the Finance Committee, Senator Bob Dole, and as the Deputy U.S. Trade Representative during the Reagan administration as well. In his nearly three decades in the private sector, Mr. Lighthizer has represented a number of U.S. commercial interests through trade enforcement cases, while also focusing on opening up foreign markets to American ranchers, farmers, and small businesses. I look forward to working with him to improve existing trade deals and to cut better ones for the benefit of the American people.

AMERICAN HEALTH CARE ACT

Mr. President, last week the House of Representatives unveiled a plan to repeal and replace ObamaCare with one that provides more options for the American people at a price they can afford. This was in direct response to what has been an ObamaCare disaster—one that led to skyrocketing healthcare costs, insurers leaving markets left and right, and a big government solution to a complicated problem that fails to actually deliver on its promises.

We have all heard it a hundred times if we have heard it once. President Obama said: If you like your policy, you can keep it; if you like your doctor, you can keep your doctor; and a family of four would see a decrease in their premium costs by \$2,500. Obviously, that did not prove to be the case.

There is really no denying that ObamaCare isn't working, and the status quo is unacceptable. Under ObamaCare, tens of millions are uninsured—almost 30 million people now in America, which, to me, is one of the most supreme ironies of ObamaCare. It was sold to us on the premise that everyone would have insurance. Yet 30 million people are uninsured, and 20 million of those 30 million are either people who have paid a penalty because they haven't bought the government-

approved healthcare and thus are not complying with the individual mandate or they are people who claimed a hardship exemption, saying they simply can't afford to buy the policy that the government mandates they purchase, so the government has supplied them an exemption. So 30 million are uninsured under ObamaCare, and 20 million of those 30 million have either paid the penalty or have been otherwise excused from complying with the mandate.

We know that under ObamaCare, tens of millions are uninsured, premiums have skyrocketed, and mandates have crushed job creators.

I remember several conversations with employers—restaurant owners and one gentleman in an architectural firm—saying: When does the employer mandate kick in? In other words, when do you get penalized for not complying with the ObamaCare requirements?

He said: I am going to hire fewer people because I don't want to come within the ambit of that employer mandate.

Then I remember one restaurant in East Texas where a single mom basically was laid off of her full-time job and forced to work two part-time jobs to make up for that lost pay because her employer couldn't comply with the employer mandate under ObamaCare, so what he decided to do was lay off his full-time workers and hire people on a part-time basis. ObamaCare is riddled with stories like that, which demonstrate its flaws.

Consider that a 24-year-old individual in Texas could spend up to 30 percent of their gross income just paying for their healthcare premiums and their out-of-pocket costs—hardly affordable healthcare. We really should have called it the un-Affordable Care Act. We have begun the first step to repeal and replace it.

Yesterday, the Congressional Budget Office offered us a glimpse into the impact the legislation would have. But I hasten to add that this is just the first step out of multiple steps, and there is additional work to be done, first of all, by the Secretary of Health and Human Services, who has enormous discretion in terms of how to administer healthcare policy at the national level and the authority to delegate a lot of that responsibility, along with the money that goes with it, back to the States where it historically has been done, to offer people lower cost health insurance that suits their needs—not a government mandate—and offers them more choices.

There is a number of additional things in the Congressional Budget Office report yesterday which are important to consider.

First, the CBO estimates the American Health Care Act would lower premiums by 10 percent over time. We know ObamaCare raised premiums for many families across the country; they skyrocketed to an unaffordable level. So this is a start in the right direction, but I hasten again to add that it is just a start.

The Congressional Budget Office also confirmed that the American Health Care Act is a fiscally conservative bill that puts forward responsible solutions to our Nation's healthcare woes. CBO estimates that we could reduce the Federal deficit by \$337 billion by passing the American Health Care Act.

It also reforms Medicaid. Many of our most vulnerable population get their healthcare through Medicaid. This bill provides a way of sending that money and authority back to the States and lets them manage the growth of the Medicaid Program according to a Consumer Price Index. So people who are on Medicaid now, including those in the expansion States, can stay on Medicaid, but ultimately the responsibility is going to be sent back to the States, along with the money to pay for it, and grow—not to cut it, but to grow—according to a Consumer Price Index, which makes sense. That change alone saves taxpayers another \$880 billion—\$880 billion. This is the most significant entitlement reform in certainly a generation.

The bill repeals ObamaCare's job-killing taxes like the individual employer mandate and the medical device tax, which has moved jobs offshore to places like Costa Rica because of its impact on innovation. We also repeal the payroll tax, the tax on investments, and the tax on prescription drugs. The fact is, middle-income Americans and our job creators will find massive tax relief as a result of this legislation—to the tune of more than \$800 billion.

Put simply, the American Health Care Act dismantles, repeals, and stops ObamaCare in its tracks.

I should point out that the CBO doesn't take into account other steps Congress and the administration will take in order to make our Nation's healthcare system a vibrant marketplace where more options and better quality healthcare exist.

I might say that a lot of the news yesterday on the CBO report had to do with the reduction in the number of people who would actually buy health insurance under this new legislation, but the reason for the change is in large part, as the Congressional Budget Office said, that when you don't punish people through a penalty for not buying government-approved health insurance, as ObamaCare did, people may well decide in their own economic self-interest not to purchase that government policy, particularly when their choices are so limited.

I believe this is a first step in unraveling this convoluted puzzle called ObamaCare and getting our Nation's healthcare back on track. The American people have demanded better than ObamaCare. Families are forced to pay for insurance they can't afford that provides subpar care, and they are tired of being forced to pay a penalty because they don't want to opt into a government program that fails to deliver on its most basic promises.

Let me just say this in closing: I know some of our friends across the aisle have a dim view of this proposal. They say the CBO score demonstrates that not enough people will be covered by this alternative to ObamaCare. But my question to them is, What are you going to do about the current meltdown in ObamaCare that is forcing people into insurance they don't want and denying them any real choice, where the premiums are skyrocketing, and where the deductibles are so high you are effectively denied the benefit of any health insurance coverage? What are they going to do about that? I would simply say that if they don't like the alternative we have offered, I invite them to join us in trying to solve this problem.

One of the lessons of ObamaCare is that partisan healthcare legislation isn't very durable and doesn't survive. I hope at some point the fever will break, and Democrats and Republicans alike will find a way to work in the best interests of our constituents, the people we serve—the American people.

We can't afford another one-size-fits-all approach to healthcare. The American Health Care Act will provide the first important steps of relief from this unworkable, unsustainable system that was created based on false promises made to the American people. At the end of the day, our goal is to deliver more access, more options, and better quality care for families across the country. I look forward to getting it done soon.

In the House, the Budget Committee will take up the healthcare bill, which passed the Ways and Means Committee and the Energy and Commerce Committee, and then it will move to the floor of the House where I presume it will be open to some amendments. Then it will come to the Senate where, under the Senate rules, it will also be open to amendments.

If people have a better idea, I hope they will join us in trying to come up with the very best solutions possible. But to simply hang back and sort of enjoy the difficulty of trying to reform this broken ObamaCare system for partisan reasons, to me, seems to be beneath the dignity of what we are sent here to do by our constituents.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, before I get into my "Time to Wake Up" speech, let me say I appreciate the concern of the Senator from Texas that the Affordable Care Act leaves too many Americans uninsured. I am not sure the solution to that problem is to throw another 24 million people off of their insurance. I appreciate his concern that premiums for many are too high. I am not sure the solution is to dramatically increase premiums on the elderly. I appreciate his concern that Medicaid can be managed by the States—and I think I used his words correctly—along with the money to

pay for it. But when the bill has \$800 billion in Medicaid savings but will not cure or prevent a single illness, you are not reducing those \$800 billion in savings; you are just moving it to the States. You are just putting that burden on the States. Ask Arizona how that worked when they tried to do Medicaid as they dealt with the mortgage meltdown.

The American people do perhaps demand better than ObamaCare, but the solution to offer them something that is far, far worse does not seem very sensible. I believe we are willing to work together. Indeed, in the HELP Committee our chairman has already said that as soon as we start talking about repair, we can get to work. But the notion that there is an invitation out to us to work in a bipartisan fashion when the majority party is jamming this bill through without negotiation, using reconciliation as an extraordinary process to try to put it through under arcane budget rules that were never designed for this—that is not exactly much of a signal. So as soon as we get to regular order and 60 votes, I think we will be able to actually work and serve our constituents very well.

CLIMATE CHANGE

Mr. President, I am here today for my 160th “Time to Wake Up” speech, this one focused on the security consequences of our failure to deal with carbon emissions and climate change.

My remarks at the Munich Security Conference this year pointed out that climate change presents several orders of security risk to society. The first order of security risk is just physical damage, damage that science and our senses are already perceiving and measuring in our atmosphere, our oceans, and our environment.

This security risk, risks to the Earth’s present national state, will hurt farming communities, coastal communities, fishing communities, and of course anyone vulnerable to wildfires, droughts, and extreme weather. Of course, the poorer you are in this world, the more vulnerable you are to this peril.

The second order of security risk from climate change is the consequences in human society from that physical, biological, and chemical damage in our environment. As farms and fisheries fail, people are impoverished and dislocated. Scarce resources lead to conflicts and confrontations. Storms and fires can make suffering acute, and people who are hungry or dislocated or torn from their roots can become desperate, radicalized, and violent. That is why the U.S. Department of Defense has for years called climate change a catalyst of conflict.

Drought in Syria, for instance, has been described as a root cause of the conflict there, a conflict that has killed more than 400,000 people, according to some estimates, and displaced more than 11 million. Researchers from NASA and the University of Arizona

have determined that drought was very likely the worst in a millennium. Massive crop failures and livestock losses moved farmers into stressed cities, where popular protests met with brutal violence from the Assad regime and the tide of refugees from that chaos swamped Europe.

Nigeria, Sudan, and Central America are other areas where violence and flight are driven by scarce resources. So the second order of national security risk is the societal damage that cascades from the natural damage caused by climate change.

The third order of security risk is perhaps the most dangerous for our country; that is, reputational damage to the keystone institutions of our present world order: market capitalism and democratic government. People around the world who have been harmed by the first-order environmental effects of climate change, or people around the world who get swept up in the second-order societal effects of climate change will want answers, as will many who are witness to the global suffering and harm caused by climate change.

When that reckoning comes, as it will, the discredit to institutions like capitalism and democracy which failed to act, even when loudly and clearly warned, could be profound. This failure of action by these institutions is compounded by the moral failure. Fossil fuel companies are knowingly causing this harm. They are aggressively fighting solutions to this problem. Their weapons are as disreputable as their conduct: professionally administered misinformation—climate denial, after all, is the original fake news—and massive, massive floods of political money.

As a result, the Congress has shown itself utterly unable to resist the threats and blandishments of this industry, despite the fact that we know very clearly of the industry’s enormous conflict of interest. This all stands to be a lasting blot on both democracy and capitalism, a blot that will worsen as the consequences of our climate failure worsen. If you believe, as DANIEL WEBSTER did, in the power of America’s example, that we are, indeed, a city on a hill, then you should worry about this terrible example of greed, ignorance, and corruption triumphant.

It is not like we have not been warned. The National Intelligence Council has estimated that worldwide demand for food, water, and energy will grow by approximately 35, 40, and 50 percent respectively in coming decades. This increased resource demand is on a collision course with those first-order harms—disrupting fisheries and agriculture around the globe.

The U.S. Institute for Peace has warned that “poor responses to climatic shifts create shortages of resources such as land and water. Shortages are followed by negative secondary impacts, such as more sickness, hunger and joblessness. Poor responses to these, in turn, open the door to conflict.”

For those who discount this as a bunch of peaceniks’ prattle, let me add that in 2013, our National Intelligence Council put climate change alongside events like nuclear war and a severe pandemic among the eight events with the greatest potential for global disruption—noting for climate change that “dramatic and unforeseen changes are occurring at a faster rate than expected.” The Department of Defense 2014 Quadrennial Defense Review described climate change as a “global threat multiplier.” That report warned that “the pressures caused by climate change will influence resource competition while placing additional burdens on economies, societies, and governance institutions around the world.”

As head of U.S. Pacific Command, ADM Samuel Locklear warned in 2013 that climate change was the biggest long-term security threat in his area of operation, noting the need to organize the military for “when the effects of climate change start to impact these massive populations.”

Again, I will quote him. “If it goes bad,” he said, “you could have hundreds of thousands or millions of people displaced and then security will start to crumble pretty quickly.”

Operation Free, a coalition of national security and veterans organizations, has continually pointed out the national security threat posed by climate change, as has the American Security Project, comprised of retired military flag officers. The Government Accountability Office, GAO, has warned that climate change is affecting defense infrastructure around the world, from sea level rise at Naval Station Norfolk to heavy rain and flooding at Fort Irwin, CA, to thawing permafrost affecting Air Force radar installations in Alaska, to faraway effects, even at Diego Garcia in the Indian Ocean.

The Coast Guard, of course, must meet entirely new demands of the ice-cap’s melt in the Arctic for transportation and shipping, for new fishing grounds, for resource exploration, and of course the possibility there of conflict. In 2005, when Defense Secretary Mattis led Marine Corps Combat Development Command, he called on Navy researchers to find ways to make the military more energy efficient, to “unleash”—to use his words—U.S. military forces from the “tether [of] fuel.”

Ask Senator TAMMY DUCKWORTH about the casualties sustained among her comrades in arms defending fuel supply lines if you want to see a passionate conversation. The military funds research into alternative energy and studies how climate change affects military capability because in the real world, where real lives are at risk, they can’t afford to believe the false facts peddled by the fossil fuel industry.

The people we entrust to keep us safe, who have to deal with real threats in the real world, recognize the danger

climate change represents. The National Intelligence Council said in January that “issues like . . . climate change invoke high stakes and will require sustained collaboration.” Instead of that, we get a Congress and an administration that has deliberately let the fossil fuel industry occupy and sabotage the orderly operation of the Government of the United States to deal with this problem.

So I am going to start to push back. When these tools of the fossil fuel industry, to whom we in the Senate gave advice and consent, go too egregiously about their dirty business of climate denial, expect that I may come to the floor and object to consent requests.

Last week, Administrator Pruitt said carbon dioxide does not cause climate change. That is nonsense. That is somewhere between ignorant and fraudulent. He gets that one lie for free but no more—not next time with the stakes this high. It can't be free to have these fossil fuel tools spouting their fossil fuel nonsense from Senate-confirmed positions of governmental authority. Starting now, it will not be. I yield the floor.

The PRESIDING OFFICER (Mr. FLAKE). The Senator from Utah.

Mr. HATCH. Mr. President, later today, the Senate will vote on H.J. Res. 42, the resolution of disapproval under the Congressional Review Act relating to a Department of Labor regulation on the drug testing of unemployment insurance applicants. I rise to speak in support of that resolution and to urge my colleagues to vote in favor of its passage.

Let's put this resolution and the regulation it would repeal in proper context. In 2012, Congress passed and President Obama signed the Middle Class Tax Relief and Job Creation Act. Among many other things, that law included a number of carefully negotiated provisions relating to the unemployment insurance program, including a number of reforms to address program efficiency and integrity issues.

One of those provisions overturned a DOL ban on drug screening for UI applicants. Specifically, the law allowed States to test UI applicants who either lost their job due to drug use or were seeking employment in an occupation that generally required drug tests as a condition of employment.

It did not require States to begin drug testing; it only gave them that option. In addition, the law required DOL to issue regulations to define those occupations that regularly conduct drug tests. States would not be allowed to implement any drug testing policies pursuant to the law until the regulations were finalized. DOL issued its proposed regulation in 2014.

At that time, Members of Congress and stakeholders at the State level argued that the proposal fell far short of Congress's intent. The final rule was issued in August of last year, about 4½ years after the provision was signed into law. As before, the final regulation

defined the relevant occupations so narrowly that it basically makes it impossible for States to implement any meaningful drug testing policy.

So here we are, debating a CRA resolution that would wipe this regulation off the books and give DOL an opportunity to put forward something new that better reflects Congress's intent.

Let's talk about why this drug testing provision is important. The UI Program requires beneficiaries to be able and available to work and be actively seeking work. This is a condition of eligibility for UI benefits. This is what it boils down to. If a worker loses his or her job due to drug use, he or she cannot affirmatively establish that they are fully able to work. Likewise, if an unemployed individual is unable to accept a new job because they cannot pass a required drug test, they are not available for work.

Congress intended to give States the power to withhold benefits in these cases because, by definition, individuals in these situations are not eligible for unemployment insurance benefits.

Keep in mind that, according to recent surveys, more than half of all U.S. employers require prospective employees to take a drug test. It isn't some fringe or mean-spirited notion that there is a connection between the use of illegal drugs and the ability to obtain and maintain employment.

Furthermore, 20 States already limit UI benefits for applicants who have refused to take or who fail a drug test required by an employer or who have previous employment issues relating to drugs. The next logical step really is to allow States to conduct the tests themselves in order to maintain program integrity and to improve the solvency of their UI trust funds. Once again, that was what Congress intended with the passage of the 2012 statute.

Unfortunately, the Obama administration took it upon themselves to undo congressional intent. We have heard from a number of Governors on this issue—including the Governor of Utah, who will support this CRA resolution—who want to see new and better regulations.

A number of organizations, including the National Association of State Workforce Agencies, have chimed in as well, expressing their strong support for State flexibility in governing their UI programs.

Ultimately, that is what this is about—State flexibility. Do we want States to have the freedom to run their own programs as they see fit, or do we believe that bureaucrats in Washington have all the answers?

It is probably pretty clear where I come down on this particular issue. The law we drafted and passed in 2012—the one that passed with bipartisan support—struck a careful balance on these issues. It was the right balance and the right approach. Hopefully, a majority of our colleagues will share that view and vote today to restore that balance.

Once again, I urge all Senators to vote in favor of H.J. Res. 42.

With that, I suggest the absence of a quorum.

The PRESIDING OFFICER. Will the Senator withhold?

Mr. HATCH. I withhold that suggestion.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, the Senate has been digging into the legal quagmire of drug testing the unemployed. I would like to begin by saying that no matter where a Senator comes down on the issue of drug testing, my view is that this measure before us is simply bizarre.

If, like me, you believe that drug testing is ineffective and mean-spirited, you ought to oppose this measure because it simply vilifies unemployed workers who are actually less likely to use drugs than the general population.

For those Senators who support drug testing, this measure blows up what has been a bipartisan compromise and a Labor Department rule allowing select testing to go forward. The result of this measure passing would actually be to block testing from going forward.

The fact is that the courts have ruled that suspicionless drug testing violates the Fourth Amendment's protection against unreasonable searches and seizures. That is why there is now actually a rule that is narrow.

We have the courts expressing skepticism about this, and there is actually a rule that is narrow so that, in effect, States that are doing this drug testing have what amounts to guardrails to avoid running afoul of the Constitution. If you pass this measure, you will throw out the guardrails, opening up, in my view, the possibility of yet more litigation on Fourth Amendment grounds.

Now, as I touched on in my opening comments, there isn't evidence that unemployment insurance recipients use drugs any more frequently than the general population. In fact, studies actually indicate that they are less likely to use illegal drugs than the general population. So this idea that somehow there is a presumption of irresponsible conduct and guilt is just baseless.

To be eligible for unemployment insurance, workers have to have substantial recent work experience. They have to be unemployed through no fault of their own. Workers can only collect unemployment benefits if they are actively searching for work and available to work.

For States that have implemented drug testing policies, there is evidence that the costs dwarf the potential savings. The costs of operating drug testing programs are charged to State health and human services accounts, and I think we all understand that those have been squeezed mightily by the effort to treat opioid addiction. In my view, instead of wasting money by drug testing Americans who are looking for jobs, the States ought to be putting those very same dollars toward

substance abuse treatment, given the fact that opioid addiction has hit our country like a wrecking ball.

Moreover, we have said that fighting opioid addiction ought to be a bipartisan cause. If Republicans wanted to do everything possible to fight addiction, they shouldn't be going forward with TrumpCare, a bill that would be a disastrous setback when it comes to fighting opioid addiction. The fact is that colleagues on the other side of the aisle here in the Senate—colleagues not from my side but colleagues from the other side—have expressed their concern about what TrumpCare means for the fight against opioid addiction.

The hard numbers are actually out now on TrumpCare, and they show that the majority is going into overdrive to pass a bill that strips millions of Americans of their access to treatment for substance abuse. Today Medicaid is strengthening our mental health network, expanding access to substance use disorder treatment, and is at the forefront of some promising new work to fight opioid addiction. So TrumpCare hits the cause of treating opioid addiction in a devastating way. It slashes the healthcare safety net, and, in my view, it would inflame the epidemic of drug abuse deaths across the country.

At the same time, there is this partisan effort to slash funding for addiction treatment. Republicans have dredged up an old head-scratcher of an argument that drug testing Americans and denying them earned benefits somehow just magically helps to overcome addiction. This is an important point.

Just like Social Security, unemployment insurance is an earned benefit. It is an earned benefit that ought to be there for workers who fall on hard times.

So what the majority is pushing for in this debate looks to me like light years away from what was discussed last year when there was discussion before the election about helping Americans in every part of the Nation who are struggling with opioid addiction.

You have to ask this question: What earned benefits are my colleagues on the other side of the aisle going to crusade against next? Is the drug testing crusade going to turn next to Social Security and Medicare recipients as an excuse to deny seniors benefits that they have earned—earned benefits that they worked hard for through a lifetime of work?

I am going to wrap up by way of saying that, if this measure passes, I think States are just going to be thrown into bedlam. The current law, based on a compromise—a bipartisan compromise reached in 2012—says States can drug test recipients of unemployed benefits in two cases: first, if the unemployment insurance recipient lost their job for drug-related reasons and, second, if the unemployment insurance recipient is applying for a type of occupation that requires drug testing, as defined

by the rules of the Department of Labor.

Let's say, for example, that two unemployment benefits recipients are specifically applying for jobs as school-bus drivers or air traffic controllers. The rule that is on the books now says that States can drug test those individuals because they are applying for work in occupations that require drug testing.

Now, as far as I can tell, my colleagues on the other side of the aisle want to eliminate the rule that defined those occupations. States would be blocked from performing any occupation-based drug testing for unemployment recipients, and the States would just be walking into a legal minefield if they wanted to go ahead with testing programs anyway.

Make no mistake about it. When this passes—if it does—drug testing policies go on hold until the Congress passes a new law, rather than our continuing a carefully put together bipartisan compromise of just a couple of years ago.

I have been trying to see this from my colleagues' perspective. I have listened to the arguments from the other side. I just find this a baffling, bizarre kind of analysis. All this measure does is create a huge amount of new uncertainty. That doesn't strike me as a good way to reduce bureaucracy and make government more efficient.

If the majority decides to take another crack at this issue down the road, I can only guess at what kind of new ideas they might have that would, again, miss the point of making sure we had a narrow, defined, and bipartisan approach to deal with this issue.

My view is that this is an ill-conceived campaign against working people built on a completely false premise. The premise is that if you are looking for work, you are guilty of drug use until proven innocent. My view is that we ought to keep trying, as I have said, on major issues involving health and taxes and infrastructure and trade. When you are dealing with important questions, we should work to find the common ground. It is not about taking each other's bad ideas. It is about taking each other's good ideas.

My view is that what was done a few years ago was a good and narrowly tailored bipartisan idea. What the Senate may choose to do is basically to throw that in the trash can, create bedlam, and make it impossible for States to move because they are in a sort of legal limbo. I don't see how that meets the test of sound policy.

This measure before us today sets back the cause of strengthening the unemployment insurance system. It sets back the cause of advocating for Americans struggling with addiction. I urge my colleagues to vote against this measure when we vote here in a little bit.

I yield the floor.

I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

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

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

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I ask unanimous consent that, notwithstanding rule XXII, following leader remarks on Wednesday, March 15, the Senate proceed to executive session for the consideration of Executive Calendar No. 23, Daniel Coats to be Director of National Intelligence; that the time until 10 a.m. be equally divided in the usual form; and that at 10 a.m., the Senate vote on the motion to invoke cloture.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The joint resolution was ordered to a third reading and was read the third time.

The PRESIDING OFFICER. The joint resolution having been read the third time, the question is, Shall the joint resolution pass?

Mr. BURR. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: The Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 51, nays 48, as follows:

[Rollcall Vote No. 87 Leg.]

YEAS—51

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

NAYS—48

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

NOT VOTING—

Isakson

The joint resolution (H.J. Res. 42) was passed.

The PRESIDING OFFICER. The Senator from Texas.

MORNING BUSINESS

Mr. CRUZ. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

The Senator from Texas.

Mr. INHOFE. Mr. President, will the Senator yield for a unanimous consent request?

Mr. CRUZ. I am happy to yield to my friend from Oklahoma.

Mr. INHOFE. Mr. President, I ask unanimous consent that following the remarks of the Senator from Texas and the Senator from Florida, I be recognized for such time as I may consume.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Texas.

CONGRESSIONAL REVIEW ACT
RESOLUTION

Mr. CRUZ. Mr. President, I rise to commend the Senate for passing S.J. Res. 23, the legislation I introduced that has now passed both Houses of Congress, which reins in yet another example of the Obama administration's Executive overreach, gives power and flexibility to the States, and enables States to deal with the problem of drug use—the epidemic of drug use—and to craft solutions that help people escape addiction and dependence on drugs.

This resolution was introduced in the House by Chairman KEVIN BRADY, a fellow Texan. It passed the House 236 to 189, with bipartisan support. With the Senate's passage of the resolution, we will now be sending it to President Trump for his signature.

This resolution restores congressional intent behind the bipartisan Middle Class Tax Relief and Job Creation Act of 2012. The job creation act of 2012 permitted, but did not require, States to assess State unemployment compensation or insurance program applicants for drug usage under two circumstances: where workers had been discharged from their last job because of unlawful drug use, or where workers were looking for jobs in occupations where applicants and employees are subject to drug testing.

The wording of the 2012 job creation act clearly demonstrated that Congress intended to provide States the ability to determine how to best implement these plans. A number of States, including my home State of Texas, did precisely that, establishing testing and programs to help people who had drug dependency and addiction escape from that addiction.

However, years after the law's passage, the Obama Department of Labor substantially narrowed the law beyond congressional intent to circumstances where testing is legally required, not where it is merely permitted. That narrow definition undermined congressional intent and it undermined the flexibility of the States. Now, together, we have reversed that interpretation.

I commend my colleagues, and I thank Chairman BRADY for his leadership in the House and introducing the resolution, and I commend all of us for restoring the authority of the States.

I yield the floor.

The PRESIDING OFFICER (Mr. ROUNDS). The Senator from Florida.

TRUMP CARE

Mr. NELSON. Mr. President, I want to talk about TrumpCare. In my State of Florida, there are nearly 2 million people who are covered through the Affordable Care Act, through healthcare.gov. The State of Florida leads the way with the highest ACA marketplace enrollment numbers. In my State, there are another 9 million people who get their health coverage from their employers.

This group also benefits from the ACA's protections, like prohibitions against lifetime limits on insurance and discriminating against people with preexisting conditions. In our State, almost 8 million people have preexisting conditions, which includes something as common as asthma.

Before the ACA, people undergoing lifesaving cancer treatments were being told by their insurance companies they would no longer cover those treatments. Now, under the current law, the ACA, insurance companies can no longer discriminate against preexisting conditions, and your children are going to be able to stay on your family policy until they are age 26. By the way, that is another 4 million people in the United States. Four million young people up to age 26 now get health insurance who didn't get it before the ACA.

What has come out of the House of Representatives—what I will refer to as TrumpCare—called the American Health Care Act—has some very troubling provisions. The House plan would mean 14 million people would lose coverage next year. That number, according to the CBO, would rise to 24 million people who have healthcare coverage now and would lose it—24 million people.

TrumpCare would also mean an end to Medicaid as we know it because it comes in and caps Medicaid. It shifts the cost of Medicaid from the Federal Government to the State governments. If you happen to be a State that has not expanded Medicaid—as is allowed under the ACA, expanding it up to 138 percent of poverty—and if you are one of the 16 States, like my State, that hasn't expanded it, you are going to get a double whammy. You are going

to have your Medicaid amount from the Federal Government, called the block grant, capped, and it is going to be capped at your level instead of the higher level because you hadn't expanded your Medicaid.

The TrumpCare out of the House of Representatives is going to get rid of the financial assistance that has helped so many get health coverage. The bottom line is—and this is what the CBO says—folks are going to pay more, and they are going to get less. They are going to get less coverage.

What else does TrumpCare do? In fact, it cuts the taxes for the wealthy, and it shifts the financial burden of healthcare more to the poor. It would allow insurance companies to charge seniors up to five times more than younger Americans. Now, the existing law—the ACA—has age done in three groups. You can only charge an older person on their premiums, according to their age, three times more than you can charge a younger person. Under TrumpCare, out of the House of Representatives, they will be able to charge seniors five times more than young people in their health insurance premiums.

It would scrap Medicaid expansion and fundamentally change the Medicaid Program. According to CBO, the Republican House TrumpCare bill will cut Medicaid by \$880 billion over 10 years. They are saying it will reduce the deficit by some \$330 billion over 10 years. That is a good thing. But, oh, by the way, it cuts Medicaid by \$880 billion over 10 years. It is my understanding that as to the capping of Medicaid, you have to pay for it someplace. If the Federal Government is not paying for it, as it is under the ACA, it is going to shift the cost to the States, or else the State is not going to provide the Federal-State Medicaid. And what does that mean? That means poor people go without healthcare. I don't think we want to do that.

Obviously, the ACA isn't perfect. Instead of its being repealed, it ought to be fixed. But there doesn't seem to be an appetite over in the House of Representatives. They want to repeal it and create something new called TrumpCare, all of which I have just described.

The problem before was that poorer people could not afford health insurance, or they couldn't get it because of a preexisting condition. If you did have coverage and you got sick, your insurance company just could drop you. People who didn't have coverage were avoiding going to the doctor until their condition got so bad that, when they were in an emergency, they would end up at the most expensive place—emergency rooms—at the most expensive time. So they hadn't done the preventive care and, therefore, the emergency occurred.

The ACA isn't perfect, but it was needed to fix a system that was broken. We need to focus on fixing things that need to be fixed, while preserving