

addicted, and the medical community began to stop prescribing it. Inevitably, the addicted turned to illegal markets to feed their dependence.

Wariness toward prescribing opioid-based painkillers for anything other than terminal illnesses continued through the 20th century, all the way up until the late 1970s and the early 1980s. At that time, the international debate broke out on pain management. The question was asked: Was it inhumane to allow patients to suffer needlessly through pain when opioid-based medications were available?

Many advocates for increased use of painkillers pointed to a 1980 letter to the *New England Journal of Medicine*, which concluded that only 1 percent of patients who were prescribed opiate-based painkillers became addicted to their medication. Known as the Porter and Jick letter because it was named after the two Boston researchers who conducted the research and authored the letter, it fueled a belief that opiate-based prescription drugs were not addictive. It was a belief that began to permeate the medical community.

But there was a problem with Porter and Jick's conclusions. They had only collected data on patients who were receiving inpatient care. As you can imagine, the percentage of patients who became addicted to opiates while in the hospital was only a tiny fraction of the patients who received opiate prescription drugs in an outpatient setting.

But the medical community was not the only group espousing theories that opiates were not addictive. With the FDA's 1995 approval of the original OxyContin, the original sin of the opiate crisis, we can literally point to the starting point of this epidemic. The FDA approved the original version of OxyContin, an extended-release opioid, and believed that it "would result in less abuse potential since the drug would be absorbed slowly and there would not be an immediate 'rush' or high that would promote abuse."

In 1996, Purdue Pharma brought OxyContin to the market, earning the company \$48 million in sales just that year alone. Purdue Pharma claimed OxyContin was nonaddictive and couldn't be abused, and the FDA agreed. Neither of those claims turned out to be true.

Purdue Pharma built a massive marketing and sales program for OxyContin. From 1996 to 2000, Purdue Pharma's sales force more than doubled, from 318 to 671 sales representatives. In 2001 alone, Purdue gave out \$40 million in sales bonuses to its burgeoning sales force. These sales representatives then targeted healthcare providers who were more willing to prescribe opioid painkillers.

As a result of these sales and marketing efforts from 1997 to 2002, OxyContin prescriptions increased almost tenfold, from 670,000 in 1997 to 6.2 million prescriptions in 2002.

Then, in 2007, Purdue Pharma paid \$600 million in fines and other pay-

ments after pleading guilty in Federal court to misleading regulators, doctors, and patients about the risks of addiction to OxyContin and its potential for abuse. The company's president, top lawyer, and former chief medical officer also pled guilty to criminal misdemeanor charges and paid \$34 million in fines.

In many cases, the FDA approved so-called "abuse-deterrent" opioids, despite warnings from the medical community about the potential for abuse. And when it wasn't turning a blind eye to the warnings of experts, the FDA simply didn't engage them at all in approval of opioids with abuse-deterrent properties. With numerous approvals of so-called abuse-deterrent opioids in 2010, the agency convened advisory committees of outside experts for less than half of them.

Mr. President, I note the presence of the minority leader on the floor. At this time I ask unanimous consent to suspend this portion of my statement and to return to it when the minority leader has concluded speaking to the Senate.

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

RECOGNITION OF THE MINORITY LEADER

The Democratic leader is recognized.

MR. SCHUMER. Mr. President, first I wish to thank my friend and our great Senator from Massachusetts, Mr. MARKEY, for the great work he has done on the opioid issue. He was one of the first to sound the alarm when prescription drugs just began to be overprescribed and has worked very, very hard, with many successes, in trying to deal with this problem. We have a long way to go. Things would have been a lot worse without the great work of the Senator from Massachusetts.

I see my colleague from New Hampshire on the floor, as well, and the same goes for her. She has done an outstanding job. She has worked and campaigned on this issue and is keeping her promises, working very hard here in the U.S. Senate. We know that their States are among the top States with opioid abuse problems.

RUSSIA INVESTIGATION

Mr. President, at yesterday's Judiciary Committee hearing, we heard from former Deputy Attorney General Sally Yates and former Director of National Intelligence James Clapper. In their testimony, both of them confirmed what we already know—that Russia tried to interfere in our elections and likely will do so again. Underline "likely will do so again."

In particular, Deputy AG Yates made the point that General Flynn misled the Vice President about his contact with the Russian Ambassador and was vulnerable to blackmail since the Russians knew about those conversations.

It is still an open question whether or not the Trump administration will hold General Flynn accountable under our criminal law. Needless to say, his presence in the administration and the length of time it took to dismiss him

raise serious questions about why the President brought him onboard to begin with and why the President and his staff did not respond more quickly to protect our national security.

Both parties in Congress should be focused on the threat posed by Russia's hacking activities and Russia's attempt to influence foreign elections, especially ours. Make no mistake about it. These cyber attacks will not be limited to any one party or any President. Anyone who draws the ire of President Putin—President, Senator, Member of Congress, elected official—could be subject to these dark attacks. Whatever is good for Russia at the moment, whatever hurts the United States the most, that is what he will pursue.

Director Clapper testified that Russia likely feels "emboldened" to continue its hacking activities, given their success at disrupting our 2016 elections. He said:

If there has ever been a clarion call for vigilance and action against a threat to the very foundation of our democratic political system, this episode is it.

Those are his words, not mine.

I hope the American people recognize the severity of this threat and that we collectively counter it before it further erodes the fabric of our democracy.

I couldn't agree more with Mr. Clapper. I hope these hearings are just the start of a bipartisan discussion on how to combat these efforts and safeguard the integrity of our elections. Democrats and Republicans should join together and figure out what Russia had done to us in the past and how we prevent it from happening in the future. Again, as Director Clapper said, the very foundation of our democracy is at stake.

The Founding Fathers, in their wisdom, wrote in the Constitution that we had to worry about foreign interference. It is happening now in a way that has never happened before, and in a bipartisan way we must act.

TRUMPCARE

Mr. President, now a word on healthcare. The bill the House of Representatives passed last week is devastating in so many ways and to so many groups of Americans—to older Americans, who would be charged five times as much as others; to middle-class Americans, who will be paying on average \$1,500 a year more for their coverage in the next few years; to lower income Americans, who are struggling to make it into the middle class and who will be paying thousands of dollars more per year; to women, for whom pregnancy could now become a preexisting condition—amazing.

Why are they making these cuts? For all too many on the other side of the aisle, it is for one purpose: to give a massive tax break to the wealthy—folks making over \$250,000 a year. God bless the wealthy. They are doing well. They don't need a tax break at the expense of everyone else, especially when it comes to something as important as healthcare.

Amazingly, this bill is even devastating to our veterans. That is what I would like to focus on for the remainder of my time this morning.

You would think that when the House of Representatives was writing its bill, the House Members would be more careful to make sure that our veterans, who put their lives on the line for our country, wouldn't be hurt by their legislation. In their haste to cobble together a bill that could pass the House, the Republican majority actually prohibited anyone who is eligible for coverage at the VA from being eligible for the tax credits in this bill.

I am sure my Republican friends who rushed to draft this bill thought that was a perfectly fine policy. After all, our veterans can get care at the VA. In fact, many veterans don't get their care from the Department of Veterans Affairs. Yes, they are eligible, but many live in rural communities that don't have a VA facility. Many can't go to the VA because of means testing. Some get treated at the VA for a specific injury related to their service but rely on private insurance for the rest of their healthcare. I am sure some veterans would simply prefer the choice to have private insurance rather than go through the VA.

Under TrumpCare, any veteran who falls into one of these categories would be denied the tax credits they need to get affordable coverage. Let me repeat that. As many as 7 million veterans, possibly more, who qualify for VA healthcare wouldn't be eligible for the tax credits they need to get affordable insurance on the private market.

For the sake of perspective, under TrumpCare, folks who make over \$250,000 a year get a massive tax break while taxes and costs would go up for so many of our brave veterans.

I am not sure it is possible for a bill, and for the party that passed it, to get its priorities more wrong than that. It is the shameful consequence of a slapdash, partisan bill that was thrown together at the last minute—a bill whose purpose, it seems, is not to provide better coverage or lower costs or even to provide better care for our veterans. Its purpose seems to be to provide tax breaks to the very wealthy.

For the President, who lobbied for this bill down to the individual Member, it is another giant broken promise to the working people and, in this case, to our veterans.

President Trump made improving the healthcare of our veterans a theme of his campaign. Just a few weeks ago, he said that "the veterans have poured out their sweat and blood and tears for this country for so long and it's time that they are recognized and it's time that we now take care of them and take care of them properly."

His healthcare bill, TrumpCare, would deny the means of affording private insurance to as many as 7 million veterans and maybe more—another broken promise, saying one thing and doing another. Many of the people who

support Donald Trump don't want to embrace that idea, but it is happening in issue after issue. They will see it—saying one thing and doing another. That is another reason for Senate Republicans to scrap this bill, scrap repeal, and start working with Democrats on bipartisan ways to improve our healthcare system.

Today, we Democrats will be sending a letter to the Republican leadership laying out our position on healthcare. All 48 Democrats and the two Independents who caucus with us have signed it. It has been our position all along: We are ready to work in a bipartisan, open, and transparent way to improve and reform our healthcare system.

Look, we have made a lot of progress in the last few years. Kids can now stay on their parents' plan until they are 26. Women are no longer charged more for the same coverage. There are more Americans insured than ever before. These are good things. We ought to keep them and then build on our progress.

To our Republican friends we say this. Drop this idea of repeal. Drop this nightmare of a bill, TrumpCare, which raises costs on our veterans, and come work with us on ways to reduce the cost of premiums, the cost of prescription drugs, and other out-of-pocket costs. We can find ways to make our healthcare system better if we work together. TrumpCare is not the answer.

I want to thank my friend from Massachusetts for the courtesy.

I yield the floor back to the Senator.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. MARKEY. Mr. President, I thank our leader for his great leadership on all of these national security and healthcare issues. I think he has injected some common sense into how the American people should be viewing each and every one of those very important issues. His national leadership is greatly appreciated.

Let me turn now and yield to the great Senator from the State of New Hampshire, where this opioid epidemic has hit hardest of all, Senator HASSAN.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. HASSAN. I thank Senator MARKEY.

Mr. President, I, too, want to thank Leader SCHUMER for his remarks and his work on national security and on healthcare and, in particular, on the opioid, heroin, and fentanyl epidemic, which is the greatest public health and safety challenge that the State of New Hampshire faces and which I know many other States face as well.

I rise today to oppose the nomination of Dr. Scott Gottlieb to serve as the Commissioner of the Food and Drug Administration. It is the responsibility of the Food and Drug Administration, starting with its Commissioner, to protect consumers and stand up for public health.

I have serious concerns about Dr. Gottlieb's record. I also have addi-

tional concerns from his nomination hearing about his stances on critical priorities for people in New Hampshire and across the Nation.

As I mentioned, and as Senator MARKEY has detailed, as well, the most pressing public health and safety challenge facing New Hampshire is the heroin, fentanyl, and opioid crisis. I want to thank the Senator from Massachusetts for his leadership and work in helping to identify the root causes of this terrible epidemic.

Yesterday, I was in New Hampshire, and I met with the Drug Enforcement Agency leaders and personnel there. I heard updates from those on the frontlines about the latest developments in the substance misuse crisis. We discussed the spread of the dangerous synthetic drug carfentanil, which is 100 times stronger than the already deadly drug fentanyl.

A report released this week by New Futures showed the economic impact of alcohol and substance misuse costs. It costs New Hampshire's economy now over \$2 billion a year. It is clear that we need to take stronger action to combat this crisis.

We have to continue partnering together with those on the frontlines and at every level of government. We need to be developing new tools and leveraging the ones we have to combat this crisis.

What we cannot afford to do is to institute policies that would take us backward. Unfortunately, Dr. Gottlieb has been opposed to the creation of one of the key tools that the FDA has at its disposal—risk evaluation and mitigation strategies, otherwise known as REMS. The agency uses REMS—including, as a strategy, prescriber training—to try to stem the risks associated with certain medications.

The FDA should be making REMS stronger and making sure that all opioid medications have REMS. We don't need a Commissioner who opposed the very creation of the REMS program, as Dr. Gottlieb did. In the midst of a public health challenge as serious as this epidemic, we should be taking—and we have to take—an all-hands-on-deck approach. The fact that Dr. Gottlieb was opposed to the very creation of REMS raises questions about what strategies the FDA would support under his leadership.

There is another issue involved in this nomination of deep concern to the people of New Hampshire. I am concerned about Dr. Gottlieb's record of putting politics ahead of science when it comes to women's health. To compete economically on a level playing field, women must be able to make their own decisions about when and if to start a family. To fully participate not only in our economy but also in our democracy, women must be recognized for their capacity to make their own healthcare decisions, just as men are. They must also have the full independence to make their own healthcare decisions, just as men do.

Unfortunately, this administration has made clear that it is focused on an agenda that restricts women's access to critical health services, including family planning.

Dr. Gottlieb's record has demonstrated that he supports this backward agenda. During his time in the Bush administration, Dr. Gottlieb was involved in a controversial and unscientifically based delay in approving the emergency contraceptive Plan B for over-the-counter use.

I am concerned that under his leadership, the FDA will play political games with women's health once again. I am afraid that he will disregard science-based decisions under pressure from this administration. Dr. Gottlieb's nomination raises too many questions about whether he will put political interests ahead of science and ahead of the safety of consumers.

I hope that he has learned about the priorities of Senators and the constituents they represent throughout the nomination process and that he proves to be a stronger Commissioner than his record suggests. But in voting today, I cannot overlook that record, so I will vote against his nomination, and I urge my colleagues to do the same.

I yield the floor.

The PRESIDING OFFICER (Mr. STRANGE). The Senator from Massachusetts.

Mr. MARKEY. Thank you, Mr. President.

I thank Senator HASSAN for all of her great leadership as Governor of New Hampshire and now the Senator from New Hampshire. The epidemic has hit New Hampshire very hard, harder than any other place. Her leadership is absolutely outstanding. I thank her for all of her leadership on this nomination as well.

As we look at this issue, we realize that a whole epidemic was being created, but that epidemic was being created because of approvals of "abuse-deterrant" opioids since 2010. I put "abuse-deterrant" in quotes because it was extremely deceptive because too many people felt "abuse-deterrant" meant they could not ultimately become addicted to the medicine. The damage has now been done. The prescription painkiller abuse became rampant across the country. We had become the United States of Oxy, and the opioid issue was well on its way to becoming an opioid epidemic because when those who were addicted to Oxy could no longer afford \$60 for a 60-milligram pill, they opted for low-priced heroin, which is why we should not be surprised that of those individuals who began abusing heroin in the 2000s, 75 percent reported that their first opioid was a prescription drug.

Taking advantage of the new demand for heroin, an incredibly sophisticated network of drug traffickers from Mexico set up franchises in the United States, and now they are responsible for nearly half of this Nation's heroin supply and are branching out from

large urban areas into our suburbs. These systems collided in a perfect storm that has caused the epidemic we are experiencing today: the overprescription of opioid painkillers that were approved by the FDA, the over-the-top sales and marketing programs by a deceptive and deep-pocketed pharmaceutical giant that went unimpeded for years, and an overabundance of heroin flowing into the United States from Mexico and South America. All of that has led us here.

We know that nationally opioid overdoses kill more people than gun violence or auto accidents. Every single day in America, we lose more than 91 people to an opioid-related overdose. Nationally, nearly half of all opioid overdose deaths involve a prescription opioid that was approved by the FDA and often prescribed by a physician. In Massachusetts, in 2016, 2,000 people died from an opioid overdose.

Who is the typical victim of an opioid overdose? Who is the typical substance abuser? The answer is that there is none. This epidemic does not discriminate on the basis of age or gender or race or ethnicity or economic status. It does not care if you live in a city or in the suburbs. It does not care if you have a white-collar or a blue-collar job. The 50-year-old White male attorney is just as likely to become addicted to prescription drugs or heroin as the 22-year-old Latina waitress. Opioid addiction is an equal opportunity destroyer of lives.

Those addicted to opiates are too often stealing from their friends, their families and neighbors, or complete strangers to fuel their addiction. Cars are broken into, and valuable stereo systems are left intact, while a few dollars in change are stolen. Homes are broken into, and flat-screen television sets remain untouched, while children's piggy banks go missing.

The impacts of opioid addiction are also causing immeasurable harm to the families of those in the unbreakable grip of opioids. Too often, I hear the stories of parents who have drained their entire life savings to provide the treatment and recovery programs necessary to beat this addiction. Many times, it results in bankruptcy filings that were unimaginable only a few short years ago.

The opioid crisis is robbing people of their friends and their families. It is robbing them of their livelihood. It is robbing them of their freedom as they look out from behind prison bars. All too often, it is robbing them of their lives.

If we don't act now, we could lose an entire generation of people. As this opioid crisis explodes in my State of Massachusetts and in every State in the country, we need an FDA leader who will understand that universal healthcare does not mean that every American should have access to a bottle of prescription opioids.

Last year, more than 33,000 mothers, fathers, children, and loved ones were

robbed of their potential when they died of an opioid overdose, but Dr. Scott Gottlieb has openly questioned the value of the Drug Enforcement Administration's enforcement against doctors and pharmacists to prevent prescription opioids from entering the illicit market. The DEA is our prescription drug cop on the beat, but Dr. Gottlieb wants to give that role to bureaucrats at the Department of Health and Human Services, an agency that has consistently failed at any kind of enforcement.

At the same time, Dr. Gottlieb has also publicly stated his opposition to the FDA's risk plans, so called REMS—meaning risk evaluation and mitigation strategies—for the use of these opioids. That is what is used to address the safety of opioid painkillers. These vital tools that the FDA has to manage the risk should be made stronger, but Dr. Gottlieb argues that they should not exist at all. Risk evaluation and mitigation strategies—he says they should not exist at all. With the overwhelming majority of heroin users reporting that their addiction began with prescription opioids, Dr. Gottlieb believes drug safety does not need strong oversight. That is simply irresponsible.

We are suffering this public health epidemic because Big Pharma pushed pills they knew were dangerous and addictive. The FDA approved them, often without expert counsel, and doctors, because they do not have mandatory education on these drugs, prescribed them to innocent families all across our country. It is a vicious and deadly cycle that has turned this Nation into the United States of Oxy, and it must stop.

Dr. Gottlieb's Big Pharma formula is simple: Take away the DEA oversight over prescription opioids and give that authority to the FDA. Then, at the same time, limit the FDA's ability to utilize its full oversight authority over these addictive products. That would leave a mostly unregulated marketplace for big pharmaceutical companies and their opioid painkillers to thrive, while American families pay the highest price they can: the life of someone in their family.

Perhaps most alarming is Dr. Gottlieb's connection to a specific pharmaceutical company called Cephalon. Last month, a Washington Post story was published that detailed Dr. Gottlieb's work on behalf of one company, Cephalon, to raise the amount of the addictive opioid fentanyl that the company could market at the same time the prescription painkiller epidemic was exploding. The Washington Post story detailed how Dr. Gottlieb advocated for the DEA—the Drug Enforcement Administration—to raise the quota of fentanyl that Cephalon could manufacture and put on the market, even while the company was under investigation for pushing doctors to prescribe the addictive painkiller for headaches and back pain when it was meant for late-stage cancer patients.

These aggressive and off-label promotion tactics were out of the Purdue Pharma playbook that got us into this opioid crisis in the first place.

Cephalon ultimately pleaded guilty in 2008 to illegally promoting the fentanyl drug and paid a \$425 million fine. This relationship is deeply disturbing.

Dr. Gottlieb seems to believe that pharmaceutical profits are more important than the public's health. When the prescription opioid epidemic was taking deadly hold, Dr. Gottlieb advocated to put even more addictive fentanyl onto the market when it was not appropriate or necessary.

Dr. Gottlieb said during his confirmation hearing that the FDA unwittingly fueled the opioid epidemic, but he is guilty of intentionally pushing an addictive prescription opioid onto the American public just to benefit one company instead of working to prevent this massive public health crisis. Dr. Gottlieb's actions could have made the opioid crisis worse.

Serious questions remain about Dr. Gottlieb's association with Cephalon, which was fined hundreds of millions of dollars for violating FDA rules.

After his tenure at the FDA, Scott Gottlieb was then hired by a law firm as an expert witness used to defend the actions of Cephalon in court.

In advance of this floor vote, I and a group of other Senators questioned Dr. Gottlieb on this work and the extent of his historical and financial relationship with Cephalon, but we received nothing that shed any light on his relationship with the company.

We cannot have a leader at the FDA who has worked on behalf of a company that aided and abetted the prescription drug and heroin epidemic.

Sadly, Dr. Gottlieb is yet another example of President Trump's lack of commitment to address the opioid crisis. President Trump believes that if we just build a border wall, well, we will end this opioid crisis.

We don't need a wall, President Trump, we need treatment.

President Trump's support for the repeal of the Affordable Care Act and the legislation the House passed just last week means coverage for opioid-use disorders for 2.8 million people could be ripped away. President Trump has proposed slashing the research budget of the National Institutes of Health by 18 percent, undercutting our ability to better understand addiction and come up with alternative, less addictive pain medication.

If President Trump and his Republican allies are committed to combating the opioid crisis, they should release their plan for addressing this crisis, including committing to quickly release the remaining \$500 million authorized last year in the 21st Century Cures Act, and plan for investing more Federal dollars into understanding, preventing, and treating this debilitating disease of addiction. The crisis is wearing families down to the bone

and we need to give them hope. That is what a comprehensive strategy to address this crisis is all about, and strong leadership at the FDA is a critical component of any plan.

We need the FDA to be a tough cop on the beat, not a rubberstamp approving the latest big pharma painkillers that are the cause of this deadly scourge of addiction in overdoses. We need to stop the overprescription of pain medication that is leading to heroin addiction and fueling this crisis. The United States has less than 5 percent of the world population, but we consume 80 percent of the global opioid painkillers and 99 percent of the global supply of hydrocodone and the active ingredients inside of Vicodin.

We also need to ensure that prescribers are subject to mandatory education responsible for prescribing practices. Anyone who prescribes opioid pain medication and other controlled substances must undergo mandatory medical education so we are sure these physicians know what they are doing. The FDA would be in a position to be the primary enforcer of this critical education.

We also shouldn't allow companies to continue to promote their opioids as abuse deterrents. It is misleading. Fifty percent of all physicians believe the "abuse deterrent" that is on the label means the drug is not addictive. Physicians don't even know this is addictive, and we know through Purdue Pharma that this is just not the case.

The FDA is in a prime position to ensure the terminology used for promoting a drug is not confusing or misleading. At this time of crisis, we need a leader at the FDA who recognizes the dangers of prescription painkillers, who will stand up to big pharma and reform the FDA to prevent addiction before it takes hold. Dr. Scott Gottlieb is not that individual.

Dr. Gottlieb's nomination signals a continuation of FDA policy that has cultivated and fueled the opioid epidemic. I strongly oppose Dr. Gottlieb's nomination and call on my colleagues to join me in voting no.

Mr. President, I yield back the floor.

The PRESIDING OFFICER. The Senator from Maryland is recognized.

HEALTHCARE LEGISLATION

Mr. VAN HOLLEN. Mr. President, I join my colleague in opposing the nomination of Dr. Gottlieb and thank him for laying out the case.

The FDA, of course, is an important part of our healthcare system, and just last week we saw the House of Representatives jam through a piece of legislation that would wreak havoc on the healthcare system. In fact, many people are appropriately calling what they did "wealthcare" because it represents a huge transfer of wealth away from caring for patients to the very wealthiest in our country, including many powerful special interests.

I think everybody understands—Republicans, Democrats, Independents alike—the Affordable Care Act is not

perfect and specifically that we need to address the issues within the Affordable Care Act exchanges. We need to address those issues to lower the deductibles, lower the copays, and make it more affordable. There are some very straightforward ways of doing that.

One good idea is to create a public option within the Affordable Care Act exchanges, a Medicare-for-all-type choice. What will that do? It will create more competition. That will drive down the price of insurance within the Affordable Care Act exchanges, and it will ensure that you have a provider everywhere in the United States in every community of this country. Even better, the Congressional Budget Office, the last time they looked at it, concluded that it would save taxpayers \$160 billion over 10 years, so it would reduce our deficit.

The House Republican healthcare bill doesn't try to fix the exchanges. What it does is blow up the Affordable Care Act and in the process wreaks havoc on our entire healthcare system. You don't have to take my word for it. Just take a look at the long list of groups that have come out strongly opposed to the House bill, starting with patient advocacy groups, such as the American Lung Association, the American Diabetes Association, the American Heart Association, the American Cancer Society, and the list goes on. These aren't Democratic groups. They don't have only Democratic patients. They have patients who are Democrats, Republicans, Independents, and people who aren't participating in the political process. These are groups that care about patients, they don't care about politics, and they are strongly opposed.

How about those who are providing care to those patients? Well, here is a partial list of the groups that are strongly opposed: the American Academy of Family Physicians; the American Medical Association, the doctors; the American Academy of Pediatrics, the folks who look after the care of our kids; the American Nurses' Association.

Let's look at the hospital groups. The American Hospital Association strongly opposes this; the Children's Hospital Association opposes this, and the list goes on. It is opposed by those who are spending all their time advocating for patients and opposed by those who provide care to patients.

Then you have a long list of senior groups, including AARP, that strongly oppose this because the House bill discriminates against older Americans—people over 50 years old—because it allows insurance companies to charge them a whole lot more for their healthcare than they currently have to pay.

These groups don't care about party. They don't care about politics. They care about patients in our healthcare system, and it should tell us all a lot that they are opposed and strongly opposed to this bill. Now, why is that?