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## Senate

The Senate met at 10 a.m. and was called to order by the Honorable JAMES LANKFORD, a Senator from the State of Oklahoma.

### PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Savior, lead us as a shepherd guides the sheep. We find consolation in the knowledge that You have gone before us to bring us to Your desired destination.

Lord, direct the steps of our law-makers so that even when they fail to fulfill Your purposes, You will continue to uphold them with the right hand of Your righteousness. May they remember that nothing can separate them from Your love. As they face the heat of tough decisions, provide them with the watered gardens and living springs of Your presence. Lord, You have begun a good work in them; carry it on to completion.

We pray in Your Holy Name. Amen.

### PLEDGE OF ALLEGIANCE

The Presiding Officer led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

### APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. HATCH).

The assistant bill clerk read the following letter:

U.S. SENATE,  
PRESIDENT PRO TEMPORE,  
Washington, DC, May 16, 2017.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby

appoint the Honorable JAMES LANKFORD, a Senator from the State of Oklahoma, to perform the duties of the Chair.

ORRIN G. HATCH,  
President pro tempore.

Mr. LANKFORD thereupon assumed the Chair as Acting President pro tempore.

### RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

### HEALTHCARE LEGISLATION

Mr. MCCONNELL. Mr. President, as ObamaCare continues to collapse, a new Gallup poll out last week showed "Healthcare Surges as Top Problem in US."

It is not hard to see why so many Americans feel this way. They turn on the TV and hear there will be even fewer options on the ObamaCare marketplaces in State after State. They pick up the newspaper and see that even more double-digit premium increases are being proposed for too many of the ObamaCare plan options that still remain. They know what these stories mean for their families: They will be left to pick up the pieces as ObamaCare continues to crumble all across the country. Unless we act, ObamaCare premiums will keep skyrocketing across the Nation, pushing the financial burden of this broken law onto the backs of more hard-working Americans.

We have seen the result of this already with last year's rate filings, which left many States with double-digit premium increases as even more insurance options left the market. Premium price hikes for some ObamaCare plans reached startling levels, averaging 53 percent in Pennsylvania, 63 percent in Tennessee, and a shocking 116 percent in Arizona, just to name a few.

Families are again awaiting projections for this year's filings and once again bracing for the very worst. In the coming weeks and months, proposed rate increases under ObamaCare will roll in across the Nation, and already ObamaCare customers in a handful of States have learned just how high their premiums could rise in 2018.

For example, consumers in Vermont just learned that premiums on the exchanges could increase by double digits next year. In Connecticut, requested premium rate increases are as high as 52 percent on the exchanges. In Maryland, one major insurer is asking for an average rate increase of nearly 60 percent. ObamaCare's marketplaces, that insurer warned, are in the "early stages of a death spiral."

Are our Democratic friends who promised to lower costs under ObamaCare OK with what looks to be yet another year of massive ObamaCare premium increases? This news is alarming not only for the families on the exchanges in the States I just named but for the thousands more across the Nation who may be hit with similar reports in coming weeks.

As one recent AP story, titled "More price hikes likely for government insurance markets," observed: "Early moves by insurers suggest that another round of price hikes and limited choices will greet insurance shoppers around the country when they start searching for next year's coverage on the public markets established by the Affordable Care Act."

Moreover, as the story went on to say, over 40 percent of counties could have just a single insurer to choose from on the exchanges next year. It is troubling news, especially given that so many States, like mine, have already experienced insurers fleeing the ObamaCare marketplace leaving families with limited options.

Let's just look at the chart behind me. In Kentucky, under ObamaCare, 49

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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percent of counties have only one insurer this year in 2017. Forty-nine percent of our counties, nearly half the counties in Kentucky, have only one insurer to choose from, and of course having one option is really no choice at all. It is a harsh reality facing more and more Americans, and these ObamaCare failures have real consequences for the men and women whom we all represent.

As one of our Democratic friends commented just last week on news that his State will be left with only a single insurer next year under ObamaCare, "This will mean that more than 12,000 Delawareans will have to find a new insurance plan and [that] our hard-working families will have fewer options and harder choices to make about their health insurance coverage."

Can our Democratic colleagues who promised more choice under ObamaCare really be OK with the continuing failures of ObamaCare?

The status quo under ObamaCare is simply unsustainable and unacceptable. That is why the entire Senate Republican conference is working together on the best way forward to bring much needed relief to the families who have been left behind by ObamaCare's continuing failures.

I hope our Democratic colleagues will join us in working on this. They just sent me a letter last week where they acknowledged that ObamaCare hasn't lived up to its promises and where they effectively conceded that the status quo is unsustainable. I hope it means they are finally ready to join us in moving away from ObamaCare and supporting smarter healthcare policies. After years of defending a system that isn't working for far too many Americans, it is time that Senate Democrats finally face the reality of this flawed ObamaCare law.

The failures of ObamaCare aren't just isolated to one region of the country either. They are affecting people from the east coast to the west coast, from the North to the South, and things are likely to get even worse, unless we work to finally move beyond the failures of this law.

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#### RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

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#### CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

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#### EXECUTIVE SESSION

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#### EXECUTIVE CALENDAR

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to executive ses-

sion to resume consideration of the Rosen nomination, which the clerk will report.

The assistant bill clerk read the nomination of Jeffrey A. Rosen, of Virginia, to be Deputy Secretary of Transportation.

The ACTING PRESIDENT pro tempore. Under the previous order, the time until 12:30 p.m. will be equally divided in the usual form.

The assistant Democratic leader.

#### HEALTHCARE LEGISLATION

Mr. DURBIN. Mr. President, I had a meeting last week in Illinois, and I asked hospital administrators, doctors, nurses, pediatricians, those who are in the substance abuse treatment area, what they thought of the Republican bill. It was all Republicans who passed the healthcare finance act, whatever the name of it is—their version of the healthcare system that they are calling for reform in the House of Representatives. It was interesting. They were unanimously opposed to it, all of them—hospital administrators, doctors, nurses, pediatricians, across the board.

Why would all the medical providers in my State be opposed to the Republican plan that just passed the House of Representatives? Well, because they have read it. Here is what they found. It threatens the survival of downstate and inner city hospitals. The Illinois Hospital Association came out against the Republican plan and said we could lose 60,000 jobs in Illinois, and we could see cutbacks in services in our hospitals.

I know the Acting President pro tempore from the State of Oklahoma knows what rural hospitals mean to these small towns. It is not only life and death to have access to quality healthcare, they are some of the best paying jobs in town. The thought that those hospitals are going to see services cut back, people laid off is worth sitting up and taking notice.

They also are worried because the Congressional Budget Office never gave an analysis of the Republican plan that passed the House of Representatives. That is unheard of. When we passed the Affordable Care Act in the U.S. Senate, we waited week after weary week for the Congressional Budget Office to analyze each of the major changes. We didn't want to make a mistake, and we felt obligated to tell the American people what we were doing to the healthcare system, which is one-sixth of the national economy.

Somehow the Republican leaders in the House of Representatives paid no attention to that and passed a bill without a Congressional Budget Office analysis. Possibly it is because the first version of that bill, which was analyzed by the CBO, found that it was devastating. Twenty-four million Americans would lose their health insurance under the Republican plan in its first phase. Twenty-four million Americans lose their health insurance.

In Illinois, 1 million people—in a State of 12½ million people, 1 million

people living in my State would have lost their health insurance coverage by the plan proposed initially by the Republicans in the House, and we also know it would shorten the lifespan of Medicare, for one thing. We know it allowed for waivers by Governors to eliminate what they call nonessential services in health insurance.

One of them hits close to home. I can remember as a new Senator coming to the floor and watching Paul Wellstone, who used to be at that desk, and Pete Domenici, who used to be at that desk, get up on a bipartisan basis and argue again and again that every health insurance plan in America should cover mental illness and substance abuse treatment. It seems so obvious, and yet they had to fight the insurance industry for years before we finally achieved it. Now when you buy health insurance in America, it covers mental illness and substance abuse treatment. Thank goodness. We need it. We desperately need it. Yet that becomes one of the nonessential elements in the Republican analysis of health insurance.

What are they thinking? Have they listened or read recently about the opioid and heroin crisis in America? I have sat at tables with victims, addicts who, thank goodness, had an intervention, had an opportunity, and now can speak of their addiction in the past tense.

These are amazing young people whose lives were compromised and threatened because of addiction. How did they turn the corner? They turned the corner because of loving families, their personal determination, and the availability of medical treatment under their health insurance plans.

Now the Republicans are arguing in the House of Representatives that we don't need that coverage, we don't need that protection. We do now more than ever.

When I hear the Republican leader come to the floor and criticize the Affordable Care Act, I basically have to ask him, Is this a problem that is of your own creation?

The Republicans, including the leader, have refused to sit down with Democrats and work on a bipartisan solution. In fact, when the Republican leader sat down to determine how the Senate would respond to the House action, he put together a group of, I believe, 12 Republican Senators—no Democrats allowed—to sit down and write the alternative. That is not a good way to start this.

What we ought to do is to say, first, we are not going to repeal the Affordable Care Act; we are going to improve it, and we will do it on a bipartisan basis. If the majority leader wants to suggest that, I would like to be part of it. Many Democrats would like to be part of it. Take repeal off the table before the conversation on repair begins. I think that is essential. Let's make sure that within health insurance in America we have some basics.

First, if you have a preexisting condition, you shouldn't be disqualified from