

an independent special prosecutor who can ensure that the truth is uncovered and that accountability is imposed for any criminal wrongdoing so that we will prevent any obstruction of justice because the American people deserve it, they need it, and they demand it.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. COTTON). The Senator from Maine.

HEALTHCARE LEGISLATION

Mr. KING. Mr. President, I rise to speak for a few minutes on the AHCA, which is the healthcare bill that was recently passed in the House.

I believe the letters stand for “anti-healthcare bill” as there are many troublesome aspects of this bill—kicking something like 20 million people off of health insurance and compromising essential benefits. It is what I call a “fig leaf” preexisting condition provision, which does not provide adequate funding in order to actually protect people with preexisting conditions.

Yet what I really want to focus on today are two interrelated provisions—a massive cut to Medicaid and a massive tax cut for the wealthiest Americans. By the way, that tax cut gives a zero tax cut to anyone making less than \$200,000 a year. I will talk about that in a moment.

Let's talk about the Medicaid cuts, however. This is a part of the bill that has not gotten much attention. It is \$840 billion over 10 years. It will be about a 10-percent cut of Medicaid funds in Maine. It is hard to get an actual analysis of that, however, because the House bill was passed without any Congressional Budget Office analysis—none, zero. Unbelievably, the Members of the House voted for a bill that they, literally, did not know the financial effects of—how it would affect the States, how it would affect the people in their States. Maybe, next week, we will get that analysis. Certainly, this body will not act in that way with no Congressional Budget Office analysis.

Let's talk for a minute about who is on Medicaid, as 34 percent of the people on Medicaid are children, 20 percent are disabled people, and 18 percent are elderly. In other words, almost three-quarters—75 percent—are children, disabled, and elderly people. Many people talk about and think about Medicaid as some kind of welfare program. This is an essential lifeline for some of the most vulnerable people in our society—children, the disabled, and the elderly—75 percent—and 75 percent of the funding goes to disabled and elderly people.

The people who sponsored this bill and who are talking about it across the country talk about flexibility. Yes, there are some cuts, but we are giving the States flexibility. That is nonsense. They are giving the States flexibility to make decisions between funding programs for the elderly and programs for children, between cutting off programs for opioids and providing support for people who are disabled. That is not flexibility. That is just passing agoniz-

ing choices off to the States. I was a Governor, and I know about having to make these kinds of decisions. To cut this money by this huge amount—almost \$1 trillion over 10 years—and act as though it can all be made up through some kind of fake flexibility is just an unspeakably cruel way to shift this burden to the States.

The bill talks about saving on the deficit. It saves on the deficit because \$840 billion is shifted to the States. Let them pay it—shift and shaft. That is what it is—shift and shaft. Shift the cost and shaft the States, particularly the people in those States who depend upon these programs—those people being the disabled, the elderly, children, people with disabilities, and those who are struggling to defeat the scourge of opioids and opioid addiction.

I want to talk about some people today. I want to talk about this guy, Dan Humphrey. He is 28 years old and lives in a group home in Lewiston, ME. He has autism and is nonverbal. He has some bipolar characteristics and a seizure disorder but is gentle and charming, and you can see his smile. He has very basic functional communication skills. He enjoys jumping on a trampoline and drumming. He performs all of his chores to care for himself, with prompting and guidance, such as laundry and grocery shopping. He is proud of his volunteer jobs. He serves Meals on Wheels to clients through the week, and he takes excess food from a nearby college to a local soup kitchen every Saturday.

Daniel needs around-the-clock support in order to maintain this quality of life. When this level of programming was unavailable or is unavailable, he regresses and becomes aggressive. Even at current funding, Daniel is one of the lucky ones, as he is not on a waiting list. Although he qualified for services, it took him 8 years to get a home and a community-based service waiver for him to be able to live the life he does. He is in a group home in the wonderful city of Lewiston, ME, where he lives today. He is contributing. He has a decent life.

By the way, this is all about people. It really bothers me that we talk about policy and ideology and free markets and flexibility. We are talking about people. We are talking about real people whose lives are on the line—people who are struggling with opioid addiction, elderly people who have no place to go, and disabled people like Dan and like Lidia Woofenden.

Here is Lidia. She graduated from Mt. Ararat High School in June. She turns 21 in August. That is the high school my kids went to. I had two boys graduate from that high school. When she was 4 years old, she was diagnosed with a delayed growth of myelin on her brain, and, at 15, she began having seizures and was diagnosed with a rare genetic disorder. She lives with intellectual disabilities, seizures, and their side effects, as well as with a general lack of physical coordination. Yet, as

her mom says, that is not who she is. She is charming and funny. Her mom calls her friendly and goofy and the stubbornest cuss.

She was never expected to read but is now on her fourth Harry Potter book. She was never expected to ride a bike, but now she does. She even has a job. After years of volunteering at a local nursing home, she was offered a part-time job and is doing well. She is doing this because she had support from Medicaid. She cannot cross a street by herself, and she needs to be reminded to brush her teeth. She has no sense of money or danger. On the one hand, she is 20 years old; on the other hand, she is 6 years old. In other words, like most young people, she is complicated. Everything she has achieved has been accomplished with the help of dedicated teachers and therapists and has been almost exclusively funded through special education in the public schools and by Medicaid.

By the way, Medicaid provides help to the tune of \$26 million a year to children in Maine schools who need it. One of the amendments passed at the last minute in the House puts that funding through the schools in jeopardy. She has made monumental gains, but she will never be able to live alone.

What happens when we make these cuts? What happens to Lidia? What happens to Dan?

In the old days, they were warehoused. They were in facilities that were far away—out of sight, out of mind—or with their parents, who had to bear the burden, who themselves could not work because they had to take care of the children. These are just two people—two examples—of what we are talking about here.

Who will speak for them? Who will stand up for them?

I will, and I hope this body will. We are the last bulwark between this terrible piece of legislation that was passed in the House and these people and millions like them across the country. Who will stand up for them?

Why are we doing this? Why are we putting States through the ringer of having to make decisions to choose between Lidia and an elderly person in a nursing home and between a child and a young man who is trying to beat opioids? Why are we forcing them to make those choices?

It is because we want to give a huge tax cut to the wealthiest Americans, and I am talking about a huge tax cut. It is the most skewed tax cut in history because it only goes to a few people. Seventy-nine percent of the benefit of this tax cut goes to millionaires, which is an average tax cut of \$54,000 a year. Now, \$54,000 a year to multi-millionaires—the top one-tenth of 1 percent, those with incomes above \$6 million—would receive tax cuts of more than \$250,000 a piece in 2025 under this legislation.

We are putting people like this at risk in order to have somebody buy another Maserati. It is unbelievable that

this body would even consider making that tradeoff. That is what we are talking about here. Let's be very clear. It is an equation of lost Medicaid benefits, a gigantic tax cut. That is what this bill is all about. If you make between \$500,000 and \$1 million, you will see a \$4,000 tax cut, which is not so egregious as higher up, and if you are under \$200,000 a year, you get zero.

This doesn't even masquerade as a middle-class tax cut. This is one of the most inequitable, cruel, and unconscionable pieces of policymaking I have ever seen. I think we need to be clear about that. If we don't stand up for Dan, Lidia, and millions like them—old and young, living in the shadows of our society, asking for nothing more than the ability to do the slightest things we take for granted, like crossing the street, having a job, dressing, feeling they are contributing—to take that away, to force States to make those decisions—and make no mistake, they are going to have to make those decisions. You simply can't cut the amount of money that is proposed in this bill—which will expand over time, by the way—and still expect the services to be the same or better through some kind of flexibility. That is nonsense. It would be bad enough, except to do it because of a massive tax cut to the people who least need it—that is what really makes this unacceptable.

I know that people in this body are working on an alternative to the bill in the House, and I hope this can be an open process where all of us participate, where we are able to contribute ideas and amendments and thoughts. Particularly, I want us to think about the fact that we are the last line of defense. We are the last line of defense for people who can't speak up. In the case of my friend Dan, he literally can't speak up. We are who they are counting on, between us, and if it weren't for us, they would have no one to think about and demand that they be treated fairly and respectfully in the richest society on Earth. I hope we can do better. I know we can.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BLUNT. Mr. President, there is a reason we are talking about healthcare, and we should be talking about healthcare. We should be looking for the gaps and trying to find those gaps. I had a long conversation this morning about people who have disabilities, adults who have disabilities, and the challenges they have always faced in the insurance marketplace. They are people like Dan and Lidia who have a hard time working or are unable to have a full-time job, who may be covered by insurance through their parents until they are too old, or they may not be covered because their parents aren't covered. But normally, if that has been the case, where you were able to share whatever coverage your parents had—and certainly this is an area we should work on, how we deal

with those who are disadvantaged. On the Medicaid front, our goal should be to look at the House bill and make it better.

The people who were added to Medicaid under President Obama's healthcare plan, decided by the States—the very group who my friend from Maine said shouldn't be making these kinds of decisions—the States made these decisions because it was left to them to make them. And they weren't children and they weren't old people; they were single adults who traditionally had not been covered by Medicaid. We can talk all we want to about how these cuts are going to affect children and old people, but that is not who would be affected.

There is a debate the States have already had. Some States added single adults for the first time, and others didn't. Many States believe they can make those decisions better in their own States, to have a healthcare home where somebody has a doctor they could go to. Having coverage doesn't matter if you can't get access to healthcare. Our debate here should be about access to healthcare, and it should be about people who, because of ObamaCare, are having problems with access to healthcare.

President Obama promised that the new plan would bend the cost curve. He said it would bend the cost curve and bring healthcare costs down. I think the topic he was discussing was healthcare coverage costs coming down by \$2,500 for the typical family. The cost curve got bent all right, but it didn't get bent down, it got bent up. In our State, just last year in Missouri, 25 percent was the average increase from one year to the next. The individual policies in many of our counties—84 percent have only one insurance company that is willing to offer a plan. That should tell us something right there about whether the exchange idea worked, the way it was put together. It is clearly not working.

We can continue to move forward and act as though that doesn't matter, but it matters a lot. We have 114 counties and the city of St. Louis, and our constitution functions as if it were a county. One-hundred and fifteen of those entities, the county-like entities—97 of them have only 1 company willing to offer insurance. In all of them, the average increase statewide was 25 percent 1 year over the next, and that is just 1 year, and it is not even next year. Every estimate says that those individual policies will go up even more next year than they did last year.

We can continue to act as though this system is working and not do anything about it, or we can do something about it.

When ObamaCare was implemented, I came to the floor almost every week for the first year to share story after story of people and families who were affected, who couldn't have the kind of healthcare or the kind of coverage—either one—they had before, and I could

share those same stories now. I will share a couple of them today. They haven't stopped coming in. Many people have just decided: We are never going to have the doctors we used to have. We are never going to have the insurance policy we used to have. The government has failed us.

They had a policy on which they were paying maybe a third of what they are paying now and which had higher coverage. But after a while, you quit complaining and understand that your government has actually come up with a system that—for your family, at least—was worse than the system they had.

We talk about cancellation notices being sent out by the thousands. Thousands of families and thousands of individuals got cancellation notices. Last year President Clinton, while campaigning for his wife for President, said: What a crazy system. The costs keep going up, and the coverage keeps going down.

There is clearly something wrong here. We need to do something about it. We should be working together to do something about it.

When I am home and talking to people about this or when people contact our office about this, they just continue to say over and over again that this has gotten worse. Now, we get some calls—and I am glad to get them—where people say: We want to be sure that you understand what happens to individuals like the two people my friend from Maine mentioned. And we are looking for ways to be sure they don't get left out. But let me tell you some of the people who have been left out.

Thomas and Kathy, a married couple from Kansas City, told me that their out-of-pocket costs have jumped from \$2,700 in 2014—that was the first year of this healthcare plan—to \$5,000 in 2017. In addition, their copays have increased—in their case, they appear to be lucky—by only 20 or 30 percent.

They are not by themselves. Tony, an insurance broker in Northwest Missouri, recently told me about a client who was shopping for coverage. The client realized that the only plan she could afford would force her to spend, for herself, almost \$5,000 a year in insurance premiums on top of having another \$5,000 deductible before that insurance she would be paying for every month would do any good. She said she would be spending almost \$10,000 without receiving anything, and it made absolutely no sense. Well, her insurance broker couldn't help but agreed with her that in her case it didn't make much sense, and I think all of us can see why it might not.

Yesterday at a press event here in the Capitol, I mentioned a farmer who called and said she had a \$12,000 deductible for her family and she was paying \$16,000 in annual premiums. So in her case, she could pay \$28,000 before she had any coverage at all, and that \$28,000 was money—she could be paying

\$12,000 of it just for access to see a doctor because her insurance company didn't help with that.

One final story I would like to share is from Rob, a small business owner in St. Joseph who pays half of his employees' medical, and his costs keep going up. His agent walks in every year, he told me, and says: Well, this year it went up 9 percent.

He said: That might have been acceptable, except it also went up 9 percent last year and 11 percent the year before that, and it was 9 percent the year before that.

Many of the losses in the individual market are being shifted to try to make the insurance market make up for what is happening on the individual side.

Year over year, we see premium increases, skyrocketing deductibles, and higher out-of-pocket costs. That is the status quo under what we have now, and it is unacceptable. That is why Republicans have made clear that we are going to move forward to solutions that will address some of the major issues in our healthcare system and look for ways to bring down costs and expand access to quality, affordable coverage, but more importantly, quality, affordable care.

I urge my colleagues to work with us and join in this effort to help us find solutions to be sure we don't leave people out who shouldn't be left out but that we also make access to healthcare more possible for more families and more individuals than it is today.

Mr. President, 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. BARRASSO. 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. BARRASSO. Mr. President, Republicans have been warning for years now about the grave damage ObamaCare has done to the American healthcare system. We have pointed out how the healthcare law's regulations are destabilizing the health insurance industry. We have warned that the ObamaCare markets are unstable. We have talked about the death spiral which has already doomed ObamaCare.

It seems like every day we get more proof that the collapse is well underway. Last week, the insurance company Aetna announced it was exiting the individual ObamaCare markets entirely. CNN did a story about this last Wednesday. The headlines said: "Aetna to ObamaCare: We're Outta Here." It is interesting because Aetna as a company was one of the cheerleaders for ObamaCare early on; they jumped in and said: We are very involved. We want to make this work. Here they are pulling out, saying it has failed.

Humana had already said it was quitting the exchanges, not just one place but everywhere.

In the past month or so, we have seen big companies drop out of the markets in Virginia and in Iowa. There is now just one company left selling in the exchanges for Nebraska and for Delaware. There is just one company selling in Alaska, in Missouri, in Alabama, in Oklahoma, in South Carolina, and in my home State of Wyoming.

For people living in all of these States, there is a monopoly for whom they get to buy their insurance from under the ObamaCare markets. That is not a marketplace, it is a monopoly.

The Associated Press looked at all of these companies dropping out. It now found that 40 percent of America—4 out of 10 counties in America—will have just 1 company selling insurance in the ObamaCare exchanges for next year; 4 out of every 10 counties in America. That is what you get with an ObamaCare exchange.

How is that supposed to bring down prices? Other companies have been saying how much they will need to charge if they are going to stick around for 1 more year under ObamaCare. It looks like we will have another year of incredible price increases. In Maryland, insurance companies are demanding average premium increases of anywhere between 18 and 59 percent. In Connecticut, they are asking for 15 to 33 percent more next year.

Democrats are desperate to blame the collapse of ObamaCare on President Trump. My question to the Democrats is this, What about all of the companies that dropped out of the marketplaces last year? What about the double-digit price increases Americans were paying year after year under ObamaCare?

The premium for the average benchmark plan in the exchanges went up 25 percent at the start of this year. Are Democrats going to try to blame that on someone else?

In March, the Kaiser Family Foundation reported the results of a poll on healthcare in America. In this poll, 4 out of 10 American adults with insurance under ObamaCare said they have trouble affording their deductible. They have ObamaCare insurance, but 4 out of 10 adults in America with ObamaCare insurance are having trouble affording their deductibles. Three out of every ten with insurance under ObamaCare said they have problems paying their medical bills. One in four Americans with insurance under ObamaCare said the costs have forced them to put off healthcare they needed or skip it entirely.

These people are suffering because of President Obama and the Democrats and what they passed. These Americans are struggling because of the flawed policies and regulations of the ObamaCare law that Democrats in Washington wrote.

Republicans are saying what we have said all along: Healthcare reform should be about helping people get the care they need, from a doctor they choose, at a lower cost. We need to do

something to rescue the people who are being crushed under this collapsing ObamaCare system. That is why Republicans are the ones talking about solving the problems that have been caused by ObamaCare. The House of Representatives passed a bill that includes some important things that could help stabilize the markets. It includes things to stop these double-digit premium hikes that have been occurring every year.

In the Senate, we have already started mapping out the ideas. We are going to continue offering our ideas. We are going to continue debating them. I want to invite Democrats in the Senate to come to the floor and offer their ideas as well. It doesn't have to be a partisan fight. It shouldn't be a partisan fight that drags on for months and months. We need to find solutions for the American people who are suffering under President Obama's healthcare law.

For all the Democrats who are now trying to redirect the blame away from themselves, the problems they caused, trying to pass the buck, we are trying to pass a bill. I can tell from listening at home in Wyoming, where I will be again this weekend and was last weekend, people know who caused the problems of ObamaCare. The American people are looking for solutions. They don't care who offers it. They want solutions. I think if we can get a bipartisan solution, all the better. I invite the Democrats to come to the floor to give us their best ideas.

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

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

WELCOMING BACK THE SENATOR FROM NORTH CAROLINA

Mr. SCHATZ. Mr. President, before I move into my remarks, I would like to say welcome back to the Senator from North Carolina. We are happy to see him hale and hardy.

I was worried until I saw your little internet video and you looked fine. It is nice to see you. We welcome you back to the Senate floor—and looking more energetic than the rest of us, in any case. So happy to have you back, Senator TILLIS.

NET NEUTRALITY

Mr. President, in the rubble of this week, the Federal Communications Commission is going to formally start the process of destroying net neutrality. A free and open internet is without question important to democracy and American innovation.

Apparently this FCC believes we no longer need the protections that keep internet service providers from discriminating against websites and online content, but these protections are