Our priorities for healthcare reform should be increasing coverage, increasing the services provided, making people healthier, and providing affordable healthcare. I strongly and unequivocally support all Americans having healthcare.

Let's get to that goal, and let's get to that goal now. Ninety-one percent of the American people are insured, thanks to the steps taken under the Affordable Care Act. Rather than repealing it, let's build on its strengths so 100 percent of people can afford to see a doctor when they are sick. We can do this. We can do better. Let's ensure that Americans in the dawn of life, the children; those who are in the twilight of life, the aged; and those in the shadows of life, the sick, the needy, and the disabled, have the right to healthcare so that America meets the moral test of good governance.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. THUNE. 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 President, I ask unanimous consent that the order for the quorum call be rescinded.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. THUNE. Mr. President, if there is one thing that has become clear, it is that the ObamaCare status quo is not sustainable.

Prices continue to soar while choices are rapidly dwindling. Between 2016 and 2017, the average premium for a midlevel ObamaCare plan on the Federal exchange went up 25 percent—25 percent for just 1 year. Let's remember that this is on top of years—year after year—of premium increases under ObamaCare.

How many families can easily absorb a 25-percent premium increase? I would submit that not many. Again, that is just for 1 year. ObamaCare rate hikes aren't going anywhere. Numbers for next year are starting to emerge, and they are not looking good. Connecticut's ObamaCare insurers are requesting average premium increases in the double digits. One Connecticut insurer has requested an average rate hike of 33.8 percent—33.8 percent. In Virginia, one insurer has requested an average rate increase of 38 percent. Another has requested an average 45-percent rate hike. In Maryland, average increases range anywhere from 18 percent to almost 59 percent. One insurer has requested a staggering 150-percent rate increase—150 percent.

Obviously, these kinds of price increases are unaffordable for most families, but ObamaCare isn't leaving them any options. Along with soaring prices, choices on the exchanges are rapidly dwindling. Roughly one-third of U.S. counties have just one choice of health insurer on their exchange for 2017. Several States—including Alabama, Oklahoma, Alaska, and Wyoming—have just one choice of insurer for their entire State, and things are only getting worse.

In 2018, a number of counties may lack an ObamaCare insurer at all. In February, health insurer Humana announced its decision to completely withdraw from the ObamaCare exchanges for 2018, and 2 weeks ago, Aetna, which had already sharply reduced its participation in the exchanges for 2017, announced its decision to fully exit and completely get out of the market in 2018. That leaves the Nebraska and Delaware ObamaCare exchanges with just one insurer for 2018.

UnitedHealthcare is leaving Virginia, and Wellmark Blue Cross Blue Shield is withdrawing from Iowa. In the wake of Aetna and Wellmark's decision, Medica, the last ObamaCare insurer for most of Iowa, announced it will likely leave the State in 2018. That would leave 94 out of 99 counties in Iowa with no ObamaCare insurer next year—all but five counties in the State of Iowa with no ObamaCare insurer. Iowa families with ObamaCare subsidies would have no place to spend them. As my colleague Senator ALEXANDER likes to point out, that is like having a bus ticket in a town where there are no buses running.

Dwindling healthcare choices aren't limited to the ObamaCare exchanges, either. Aetna is not only withdrawing from the exchanges. It is also withdrawing from the non-ObamaCare individual health insurance markets in several States. More than one insurance CEO has suggested that ObamaCare is in a death spiral, and I would have to say it is pretty hard to disagree. Combine soaring premiums with a steady insurer exodus, and sooner or later you get a partial or complete exchange collapse.

Then there are the other ObamaCare problems—like deductibles which are sometimes so high people can't afford to actually use their healthcare plans; or, narrow plan networks with few provider choices.

ObamaCare may have been well-intentioned, but good intentions don't make up for a lack of good policy—and ObamaCare was not good policy. ObamaCare took a healthcare system with problems and it made things worse. It is time to repeal this fatally flawed law and replace it with real healthcare reform.

Three weeks ago, the House of Representatives passed an ObamaCare repeal and replacement bill. The House's legislation repeals ObamaCare's tax increases, penalties, and mandates, and starts the process of restoring control of healthcare to States and individuals. My colleagues in the House have made a good start, and I am looking forward to building on their bill here in the United States Senate. We have a lot of Members with good healthcare ideas, and we are going to work hard to produce a bill that will start the process of giving the American people real healthcare reform.

ObamaCare is failing, and it is failing rapidly. Our Democrat colleagues need to stop pretending this law is ever going to do what it was supposed to do and come to the table to work with us on real healthcare reform. There is no question our healthcare system has problems, but ObamaCare is not, and it never has been, the solution.

Real reform is possible, though, and that is what we are focused on now here in the United States Senate—the kind of reform that will actually drive down prices, that will put patients and their doctors—not the government—in charge of healthcare decisions, that will empower States to embrace the solutions that are right for the citizens in their States and will give Americans more choices and real healthcare freedom.

That is the kind of healthcare reform Republicans are committed to delivering for the American people.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

MEDICAID

Ms. CANTWELL. Mr. President, I come to the floor to talk about the President's proposed budget as it relates to Medicaid and the fact that it is just a war on Medicaid; that is, it continues the wrongheaded ideas that have been proposed in the House bill on healthcare reform and takes that and continues to make cuts to Medicaid that are unsustainable for our healthcare system.

The President's budget would impose a block grant or per capita cap on States in 2020 in exchange for so-called flexibility. I haven't met one State administrator of healthcare in our State who says they need more flexibility. They have a lot of flexibility on Medicaid currently, but they know this is just a budget cap and a budget cut.

The budget would result in $610 billion in cuts to States, in addition to what would happen if they were successful in passing the House bill in the Senate. As the Center on Budget and Policy Priorities put it, the Trump budget cuts Medicaid ''considerably more deeply than the House bill's per capita cap proposal would do.''

No doubt what the budget is proposing from the President today and what our House colleagues have proposed on healthcare means more damage for healthcare and more damage for Medicaid.

Let's be more specific. Medicaid for healthcare is about children. It is about seniors. It is about the disabled. It is about working families. It is about young people. Medicaid covers half of the births and the majority of long-term care stays.

What people may not realize is that the President's budget cut to Medicaid also cuts children's healthcare, as a new study reveals, by at least $43 billion, according to Avalere Health. That is taking healthcare away from children, poor children, who need access to healthcare. Additionally, the budget impacts 1.75 million veterans who also get healthcare through Medicaid.

How can we possibly be standing here with a budget proposal by the President of the United States—after he promised not to cut Medicaid—that not only proposes to cut Medicaid but cuts childrens' and veterans' healthcare when they need it most?

Medicaid is a lifeline for people who can't get covered or can't get a fair deal. It is a highly cost-effective, dynamic, and innovative program that has worked well, and Medicaid is a winning economic strategy for how to help families get out of poverty. It is one of the most successful anti-poverty programs in the United States and the second largest program to combat extreme poverty.

Its expansion in Washington has helped create jobs indirectly and directly and has saved our State about $353 million in our State budget. It injects billions into the economy and supports our high-wage, high-skill jobs throughout the healthcare economy.

As we know, our colleagues, in the House draconian healthcare act, would for the first time cut Medicaid's successful program by introducing a cap that would result in reductions every year to the Medicaid Program. Regardless of who needs access, regardless of those children, regardless of those veterans, it would continue to push down Medicaid funds by more each year.

I have said to my colleagues in the House that there are far more innovative ways to help our healthcare delivery system that are cost-effective, but simply cutting veterans or families or children off of Medicaid is not the way to do it.

The President's budget released today would reinforce this permanent cap. Currently, Medicaid is a needs-based partnership between the States and the Federal Government. During economic recessions, natural disasters, or public health emergencies, States know they can count on the Federal Government.

Under what has been proposed in the House, the per capita cap would give States only a fixed amount and start reducing the amount of money each year. It would leave a tsunami of seniors and others without new technologies, prescription drugs, or tools to address new healthcare threats.

There is nothing about it that is reform. It is not innovation. It is simply a budget mechanism to cut Medicaid. I don't know how the President, given that he promised before not to cut Medicaid could do this. He said: "I was the first & only potential GOP candidate to state there will be no cuts to Social Security, Medicare & Medicaid."

If that is what the President tweeted, if that is what he said he was going to do, why is he now proposing a budget that actually cuts Medicaid?

We do not want to throw 600,000 Medicaid beneficiaries off of coverage in my State—and 14 million across the country—and take $1.4 billion out of Washington State's economy every year. These are numbers according to the Congressional Budget Office's most recent estimates and estimates by the State of Washington.

I think it is time to say no to the President's budget proposal. It is time to remind the President of his promise not to cut Medicaid, and it is time to stop talking about the silly idea of capping Medicaid and reducing funding to the States.

I mentioned the impact on children and veterans. I also want to mention the impact on those suffering from the opioid epidemic and what we have been trying to do to treat those individuals. Also, those facilities would be in great danger in continuing to treat that population if they don't have Medicaid.

So the notion that this is a smart healthcare strategy or a smart healthcare budget—it is not. It is a draconian measure that is going to leave many more Americans without healthcare. As I said, Medicaid is a successful program. The promise should be kept, and we should continue to improve the delivery system as a way to make it more cost-effective. I know we can't afford to leave sick children without access to healthcare, and now is not the time to leave veterans without the healthcare they deserve.

I thank the Presiding Officer.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

HEALTHCARE LEGISLATION

Mr. FRANKEN. Mr. President, I rise to talk about the healthcare bill the House of Representatives passed and is currently being considered behind closed doors by my Republican colleagues.

I travel around greater Minnesota all the time, and when the Republicans' healthcare plan first came out, I traveled to rural Minnesota to meet with rural hospitals, nursing home providers, and constituents to hear how this bill would impact their lives and communities. They are upset and they are frankly scared.

In Perham, MN, I heard from a woman who was in tears, not knowing where her mother would go if the Republican plan passed and she lost her nursing home coverage. This woman and her husband work full time, but together they cannot afford the around-the-clock care her mother needs.

Later, at a nursing home in Moorhead—that is in Minnesota across the river from Fargo—I also heard from a resident, Chrysann, who said this new plan wasn't about taking care of people but about "survival of the fittest." The hospitals and nursing home administrators I met with said the financial blow they would receive would cause them to cut services and in some cases even close their doors.

What I heard, and the real panic that I saw, is a far cry from what President Trump promised this past January when he said: "We're going to have insurance for everybody." He went on to say it would be "much less expensive and much better."

Versions of these promises keep coming from President Trump, his Cabinet, and from his allies in Congress—coverage for more people, at lower costs, with better quality. Those things all sound great, things that might help people like Chrysann, but the fact is, the Republican bill does the exact opposite. It takes coverage away from people, it drives up costs, and it makes coverage worse. In other words, the GOP is selling this healthcare bill on false pretenses.

Today I would like to explain how the Republican bill betrays each one of these three fundamental promises, and let's take them one by one. We can start by the number of people who will be covered. President Trump promised that everyone would have insurance, but an analysis of an earlier version of the healthcare bill—the first iteration of this, which is actually not as bad as this one—an earlier version analysis conducted by the nonpartisan Congressional Budget Office found that under current law the House Republican plan would leave 24 million fewer people with health insurance by 2026. That means by 2026, nearly 1 in 5 Americans under the age of 65 would be uninsured, compared to just over 1 in 10 today.

One particular way the Republican bill cuts coverage is by gutting Medicaid, a program that covers more than 60 percent of all nursing home residents nationwide, covers kids with disabilities, and benefits nearly 70 million Americans. The Republican plan ends Medicaid expansion. It fundamentally undermines the structure of the Medicaid Program and cuts the program's budget by as much as one-quarter over 10 years, a more than $800 billion cut.

On May 7, journalist Jake Tapper of CNN asked Health and Human Services Secretary Tom Price whether the hundreds of billions of proposed cuts would result in millions of Americans not getting Medicaid. Secretary Price responded: "Absolutely not." Well, that is absolutely false. When I say "absolutely," I mean that literally.

It doesn't take an expert to know that if you take funding away from this program, which provides health coverage for millions of Americans, the program will suffer, and the human beings who rely on Medicaid will suffer as well. Specifically, according to the