

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 children's 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

Congressional Budget Office, 14 million of those 24 million people who will lose coverage under the Republican bill would lose their health insurance because of cuts to Medicaid. “Absolutely not,” says the Secretary of HHS.

It is bad enough to push a bill that will take away care from millions who need it; it is extra galling to be so fundamentally dishonest about it in the process. Look, the Affordable Care Act is far from perfect and we have problems that need to be fixed, but let’s step back and review how far we have come because of the ACA. Since it came into effect, about 20 million Americans have gained health insurance coverage, producing the lowest uninsured rate in the history of this country.

In Minnesota, the number of uninsured dropped by nearly half, with people in rural areas seeing the largest gain in coverage. As a result, we have eliminated the gap in coverage between rural and urban Minnesotans. These coverage gains have increased access to vital health services, including access to treatment for mental illness and substance use disorders, but the Republican healthcare plan throws all of these gains into jeopardy, which is particularly troubling given that the country is still in the midst of battling a devastating opioid and heroin epidemic. Researchers estimate that 2.8 million Americans with substance use disorders will lose some or all of their insurance coverage under the ACA repeal.

Let’s be clear. People will lose coverage as a result of the proposed Medicaid cuts; people will lose coverage because of the proposed insurance reforms; and tens of millions of more people will be uninsured and without care in the Republican plan than under current law.

Let’s move on to the second point; the assertion that is repeated constantly by President Trump and by others that their bill brings down costs. In his Rose Garden celebration after the Republican health care bill passed the House—not after signing it into law but sort of an unprecedented Rose Garden celebration after merely the House passed the bill—President Trump said: “As far as I am concerned your premiums they are going to start to come down.”

When Secretary Price was asked, again by Jake Tapper, if he stands by the President’s statement, he responded: “Absolutely.”

On an earlier date, Secretary Price actually said: “Nobody will be worse off financially” under the Republican plan.

This is just blatantly wrong. Republicans are actively sabotaging the individual market, needlessly driving up premiums in the short term, and in the long term what they are doing will result in exorbitant premium hikes for older, sicker people—so much so that CBO estimates some will eventually drop out of the market altogether.

Let me explain. For years, Republicans have taken deliberate steps to sabotage the individual market. First, Senator RUBIO ran through a last-minute change to the 2015 spending bill that undercut the Risk Corridor Program. The Risk Corridor Program, which was modeled after a similar program in the Medicare Part D Program, was included as part of the ACA to offset high costs incurred by insurers as they took on new enrollees in the early years of the ACA.

Here is how it worked. The Federal Government would make payments to health plans that enrolled a group of people who were sicker than expected and had higher healthcare costs than the insurer predicted when it set its premiums. On the flip side, the Federal Government would receive payments from health plans that enrolled a group of people who were healthier than expected and needed less care. By limiting losses incurred by insurers, the Risk Corridor Program was designed to help make premiums more affordable for individuals and families who bought coverage on the exchange. Senator RUBIO’s provision undercut all of this. It severely curtailed the payments that could be made under the Risk Corridor Program, which meant that premiums soared and health insurers left the market.

For example, Blue Cross and Blue Shield of Minnesota lost about \$220 million between 2014 and 2016 under the weakened Risk Corridor Program, which the CEO told me in a meeting late last spring was a huge setback for the company. I was dismayed but not surprised when I heard, shortly after our meeting, that the company was leaving the individual market, which affected coverage for more than 100,000 Minnesotans and contributed to average premium increases of 36 to 67 percent in Minnesota’s individual market in 2017.

Insurers across the country faced similar destabilizing losses, but that is not all. On top of that, for months, President Trump has been doing his part to sow uncertainty by repeatedly arguing that the individual market is in a death spiral. For example, on May 4, in response to Aetna’s exit from the individual market in Virginia in 2018, President Trump shouted on Twitter: “Death spiral!” This is similar to his post on March 13 in which he said: “ObamaCare is imploding. It’s a disaster and 2017 will be the worst year yet, by far!” But he is wrong.

Even the CBO noted in one of its scores that barring any significant changes, the individual market would probably be stable in most areas. This confirms what other research has found, which is that this year markets were starting to stabilize, which led Standard & Poor’s to issue a report last December predicting that 2017 could see “continued improvement, with more insurers getting close to break-even or better.”

But this didn’t faze President Trump or any of the Republicans. Instead,

they seem to have used these reports as a guidebook on what changes are necessary to actually cause the individual market to collapse. For example, President Trump has been playing games with payments that are due to insurance companies that reduce out-of-pocket costs for working families. On numerous occasions, he has threatened to stop these payments altogether, but in practice, he has been holding these payments hostage on a month-to-month basis to push forward other insidious reforms. Just yesterday, his administration announced that it would seek another short-term delay in the House’s lawsuit, which aims to stop these payments permanently. These games are driving up the premiums for families and rattling health insurance markets.

Lastly, the administration has stopped enforcing the individual mandate. As a result, we are seeing enrollment in the individual markets stall for the first time since 2010, and if this results in younger, healthier people dropping their coverage, we could see prices rise dramatically for those left behind.

That is right. President Trump and the Republicans are actively attacking the insurance markets, causing premiums to go up. So if these markets falter and consumers suffer, it is because of what Republicans are doing right now and have been doing for years to undermine the individual market.

Still, you will often hear Republicans talk about the need to reduce costs. They even claim that their proposed healthcare plan would lower premiums in the long run. For millions of Americans, that is not true, but the reasons why it is untrue are slightly complicated. It goes to the CBO report for the Republican healthcare plan.

The March 13 CBO score says that average premiums for single people in the individual market would be 15 to 20 percent higher than under current law—than under the current ACA—in the first 2 years of its implementation. But it does say that they would be roughly 10 percent lower in 2026 under the House bill than they would be under current law.

At first blush, this sounds like prices would be coming down for people, right? That is certainly what the Republican leadership wants you to think. That day, House Speaker RYAN stated: “This report confirms that the American Health Care Act will lower premiums and improve access to quality, affordable care.” House Majority Leader KEVIN MCCARTHY got more specific. He said: “After 10 years, premiums will be 10 percent lower than under ObamaCare.” But Speaker RYAN and Majority Leader MCCARTHY are being deliberately misleading. One of the reasons that average costs go down is that the price for some people would go up so much that they couldn’t afford any insurance at all. If the people facing the most expensive insurance

simply dropped out of the market, sure, average costs go down.

Here is how this works: Under the Republican plan, insurers would be able to charge older enrollees five times more than younger ones, which would dramatically increase premiums for people aged 50 to 64 years old while decreasing premiums for younger people. Meanwhile, the tax credits that help older Americans afford their premiums would be drastically slashed. The result is that, especially for older people of modest means, coverage would become unaffordable, so they disappear from the market. If only younger, healthier people can buy insurance, average premiums go down, but you have actually made the system much worse and much more expensive for the people who really need it.

But that is not all. The Republican plan would also allow States to waive crucial protections for patients with preexisting conditions, which means that in those States, we could go back to something like the old days when insurance companies could charge people with preexisting conditions much more—potentially as much as \$25,000 more for their coverage, as estimated by the AARP.

Republicans are quick to point out that their bill maintains a requirement that insurance companies have to offer plans to everyone, but it abandons the principle that the plans must be affordable, and an unaffordable plan does people about as much good as no plan at all.

If you are young, if you have no preexisting condition, it might be true that your premiums will go down under the Republican plan. But for millions of Americans, though, if the Republican bill passes, insurance costs are going to go up. For many people, they will go up so high that they will be out of reach.

That brings me to the third claim the Republicans are peddling—that their plan will result in higher quality coverage. In fact, Republicans want to open the door to junk insurance.

In defending the House Republican plan, Secretary Price recently stated that the plan allows “for every single person to get the access to the kind of coverage that they want.” We have heard this before. This is a code for allowing insurers to offer garbage insurance plans that offer skimpy benefit packages and impose much higher deductibles and cost sharing on consumers.

Under the Affordable Care Act, you cannot sell junk plans on the insurance exchanges. Plans have to cover the essential health benefits. This is key. Under the ACA, plans have to cover the essential health benefits—10 key categories of benefits such as prescription drugs, maternity care, and mental health services. On top of that, the law prohibits insurers from imposing annual or lifetime limits on these essential health benefits. The goal is to make sure that when people get sick or

if they have a preexisting condition, they don't go broke getting the care they need because of fine print in their health insurance plan.

The Republican bill would allow States to eliminate these essential health benefits. Consumers would be left with plans that leave them up a creek if they actually get sick. And plans for people who are sick—the price of those plans will go sky high. No one would call that “better care,” which is why Republicans aren't really being straight about it. What they call “flexibility” is actually just the removal of consumer protections.

To review, the Republican plan covers fewer people, costs too many people more—in many cases, much, much more—and provides worse coverage, and it is being sold by misleading people on each of these points.

It is not as though there aren't ways to cover more people, reduce costs, and provide better coverage. You could do a public option, for example. You could reduce prescription drug costs—an issue on which I recently introduced a comprehensive bill. You could improve coverage by increasing the number of healthcare providers in rural areas, as I proposed last year in my rural health bill. But the Republican plan does none of these things, which raises the question: What does it do? Why would anyone take the time to propose such a terrible bill? The answer is this: It gives a giant tax cut to the wealthy. That is the real point of this bill. It is not a healthcare bill; it is a “take healthcare away from people who need it and use the money to give a tax break to the rich” bill.

As Chrysann in Moorhead, MN, said, it is about “survival of the fittest.”

The average tax savings for the 400 richest Americans under the Republican plan is \$7 million each—again, \$7 million each. For households earning \$1 million or more a year, it is more than \$50,000 apiece, each year. But for households earning \$50,000 a year, which is about the median income in the United States, the tax cut is next to nothing, or you could even face a tax increase. There are tax cuts specifically for insurance company CEOs. There are tax cuts specifically for drug companies. There is nothing comparable for the middle class. And all of those tax cuts are paid for by cutting healthcare programs that keep people alive, by cutting off funding that lets seniors age with dignity, and by cutting services for kids with disabilities.

This bill would take us back in time and roll back our progress. It is up to us here in the Senate to stop that from happening. This bill is literally sickening. It is vicious, it is cruel, and it should never be passed into law. I urge my Republican colleagues to walk away from this cruel effort and work with us to actually improve healthcare for Americans. And I urge everyone considering this bill to be straight with the American people about exactly what it is that this bill will do to them.

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

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

Mr. CASSIDY. Mr. President, obviously, a big problem before the country right now is, What do we do about rising healthcare premiums?

What we know under the Affordable Care Act—or the un-Affordable Care Act—or ObamaCare, as some call it, is that premiums are rising more and more. One of President Trump's campaign pledges was that premiums would come down and, actually, come down with, as he said in one place, beautiful coverage—that it is actually good coverage and premiums are lower. So let's kind of set the stage.

I just got a message on my Facebook page. I will read it. By the way, anybody can post on our Facebook page these sorts of stories, if they are interested in them.

Brian from Louisiana sent a message saying: My family plan is \$1700 a month for me, my wife, and two children—so roughly about \$20,000 a year. The ACA, or the Affordable Care Act, has brought me to my knees. I hope you can get something done as my credit cards are all maxed out. And 80 percent of my friends are in the same situation. The middle class is dwindling away. Can everyone just come together and figure this out?

Think about this: \$1,700 a month. He did not write this, but what would be standard for this sort of policy is a \$13,000 family deductible.

I say that because I have an acquaintance in San Francisco. San Francisco is so expensive for housing, transportation, and food, and the premium for their young family is \$20,000 a year, with each family member with their own separate \$6,000 deductible. This is under the un-Affordable Care Act, as I call it, or the Affordable Care Act, as others do.

A friend of mine back in Baton Rouge, whom I have quoted many times, put this on my Facebook page because people would not believe it: He and his wife, 60 and 61, their quote for their insurance last year was \$39,000. Their quote for their insurance was \$39,000.

Then I spoke to a fellow who is an insurance consultant here in Washington, DC—an insurance consultant. If anyone can get their premiums down, it would be he. For his family, their premium is \$24,000 a year with a \$13,000 family deductible. If they get in a car wreck, their family will be out \$37,000 before the insurance kicks in. Who can afford this? We must do something better.

When President Trump ran for office, President Trump clearly recognized this. On the campaign trail, he said over and over that he wished to lower premiums. It is the President's genius, if you will, that he knew how to do so. You do so by expanding the risk pool. He said he wanted to continue coverage for all.

He gets away from the ObamaCare mandates, which people hate. The American people don't like being told what to do.

He also said he would care for those with preexisting conditions. This is how it works. When you cover many, you have a bigger risk pool. Those with preexisting conditions have the cost of their illness spread out over the many. So premiums come down for all.

My hat is off to the President for coming up with that. In fact, 5 days before he was sworn in, he echoed this, because one way to lower premiums is to give poor coverage. One way to lower premiums is to give folks such terrible coverage that it doesn't cost anything. On the other hand, it doesn't cover anything. The President seems to know this.

Five days before he was inaugurated, he said to the Washington Post about people covered under his replacement for ObamaCare:

[They] can expect to have great healthcare. It will be in a much simplified form. Much less expensive and much better.

We're going to have insurance for everybody. There was a philosophy in some circles that if you can't pay for it, you don't get it. That's not going to happen with us.

I am a physician, a doctor. Again, I admire President Trump's insights. As a physician, I know that whoever wants healthcare gets healthcare. Twenty or so years ago, Congress said that if you walk into an emergency room, the emergency room has to take care of you. It doesn't matter if you are an American citizen. It doesn't matter how much it costs. The hospital has to take care of you.

I told folks when I was practicing—it would be the middle of the night—that as long as that emergency room was open—and it was open 24/7—in through the door came folks vomiting blood, heart failure patients, folks with drug overdoses, schizophrenics, diabetics, asthmatics—you name it. They came through that door, and we cared for them all—and somebody paid.

President Trump understands that even if you say you can't afford it, everybody is going to be treated. That is our current system, and that is not going to happen under his watch.

We mentioned that one way to lower premiums is to give poor coverage. I think everyone knows, or many people know, of Mr. Kimmel, the late night comedian who pointed out that when his child was born, instead of celebrating and handing the baby to the mother so the mother could kiss and the father, Mr. Kimmel, could cuddle the baby, the nurses and the doctors looked at the baby and immediately

recognized that something was wrong. They recognized that this child was blue. He didn't have oxygen, and if something wasn't done immediately, this child would die.

Folks criticized Mr. Kimmel for being emotional. I totally get it. Instead of cuddling, you are signing a release waiver so your child can be transferred across the city of Los Angeles for emergency surgery. In his emotion, he asked that all children—and I would expand to all Americans—have the ability to get that sort of emergency care done.

Again, the President was about that. I came up with what I called the Kimmel test. Again, it echoes President Trump's contract with the American voter—that we would protect those with preexisting conditions, that we lower premiums, but as we lower premiums, we make sure that the coverage is adequate.

The Kimmel test, making sure there is adequate coverage while lowering premiums and caring for those with preexisting conditions, is so compatible with what President Trump said, because Americans need lower premiums.

Let me echo that one more time. We need to lower premiums. The President's approach, the contract he made with the voters on the campaign trail, is the right approach. You get a bigger risk pool, lots of younger people, so those who are older and sicker have the cost of their care spread out among the many.

We have a plan, the Cassidy-Collins plan, or the Patient Freedom Act, which I introduced with Senator SUSAN COLLINS and four other Senators. We have a way to go about it. One way to get young, healthy folks involved is to do something that we do on Medicare. If you are eligible, you are enrolled unless you call up and say you don't want to be. That is what we do with Medicare. By the way, that is what Fortune 500 companies do with their employees for 401(k) plans, and it works really well.

Ninety-five percent of employees are likely to participate in a 401(k), and they love it. As to people on Medicare, 99 percent stay on Medicare, and 1 percent call up and say: I don't want it. Usually they have better coverage someplace else. As a rule, no one feels coerced because they all know they can call up and say: I don't want it; I don't get it. As it turns out, most do.

The plan we have taken with Cassidy-Collins, in our attempt to fulfill President Trump's contract with the American voter, is that we allow a State to automatically enroll for this, and you would be in. The credit you receive would be sufficient to pay for the annual premium.

If you don't want it, call up. Make it easy. Get out of here. I don't want it.

As a rule, we think folks would be in. By doing this, you expand that risk pool so those old and sicker, those with preexisting conditions, can have their

conditions cared for, but we fulfill President Trump's campaign pledge. We also lowered those premiums.

Ultimately, to lower the cost of insurance, you have to lower the cost of healthcare. Cassidy-Collins does that with some conservative approaches that even liberals will like. One way is that we put in what is called price transparency. You would know the price. A mother would know the price of a procedure—an x-ray, a blood test—before she gets it for her daughter, as opposed to finding out 6 months later when she gets the final bill.

Let me give one example. We have all seen those urgent care centers. Some are run by hospitals. Typically, a visit there will cost you \$500 to \$1,500. Others are run by a group of physicians, or maybe a small business decides to set up an urgent care center. The same visit might cost you as little as \$75 to \$150. The patient doesn't know that until she gets the bill.

One door has exactly the same appearance and exactly the same type of facility with the same capabilities. In one door and it can cost \$500 to \$1,500, and in the other door and it can cost \$75 to \$150, and the patient never knows.

I think we can lower the cost of healthcare by giving the patient the power of knowing what is the price of healthcare.

Think of it. You walk up to a French restaurant in a city you are not familiar with, and you look at the menu posted on the door. You see the prices of the food. Oh, the food is pretty good, but look how expensive it is. Let me go down the street. You go down the street. The food looks good, and it is less expensive.

The power of price informs the patient of what is the best deal for both our health and for our pocketbook. One way we can lower the cost of health insurance is by lowering the cost of healthcare. There are other ways of doing so as well.

Let me return once more to what I said earlier. Americans need lower premiums. President Trump, during the campaign—his contract with the voter, I think, is the right approach to get there.

I will summarize with this. He said he wanted to maintain coverage for those who have insurance, lower premiums, that preexisting conditions would be cared for, and eliminate the ObamaCare mandates. If we fulfill President Trump's goals—and these are goals that folks on the right and left can get behind. By the way, if we do get behind them, premiums will be lower. If we can fulfill President Trump's campaign contract with the American voter, we will lower those premiums, and we will do so by achieving these other great goals.

I yield back.

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

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

JERUSALEM DAY

Mr. CRUZ. Mr. President, I rise today to mark a momentous day. Starting this evening, millions around the world will celebrate Yom Yerushalayim, also known as Jerusalem Day. I am proud to join our close ally, Israel, and the Jewish people in celebrating this historic 50th anniversary of the reunification of Jerusalem.

Half a century ago, overcoming Arab armies intent on Israel's destruction, the Israel defense forces liberated the Old City of Jerusalem during the Six-Day War. They courageously and miraculously fought their way to the Temple Mount and the Western Wall, the holiest sites in Judaism. The commander of the paratroopers, Mordechai Gur, unable to contain his emotion, exclaimed through his wireless radio: "The Temple Mount is in our hands!" The army rabbi blew the shofar, and the eternal capital of Israel was reunited.

This war was not the first time that Israel was threatened with annihilation. After the Jewish people established the modern State of Israel in their ancient homeland just 19 years earlier, neighboring Arab States responded to Israeli Prime Minister David Ben-Gurion's declaration of independence with an invasion. The Arab armies failed to destroy the newly established Jewish State, but Jerusalem, the ancient and Holy City central to the identity of the Jewish people, was left divided and occupied by Jordan.

Residents of the Old City were murdered or expelled. Jews were prohibited from visiting and praying at the Temple Mount and Western Wall. Their synagogues were destroyed, and their cemeteries, such as the Mount of Olives, were desecrated. Access for Christians to their holy sites was also severely restricted.

Leading up to June of 1967, Arab leaders repeatedly and openly expressed their desire to wipe Israel off the map. Syria was engaging in attacks on Israel from the Golan Heights and soon started to mobilize its forces for battle. Egypt began moving troops into the Sinai Peninsula in a massive military buildup, demanded and achieved the withdrawal of the U.N. Emergency Force that had been stationed in the Sinai, and then closed the Straits of Tehran, imposing an illegal blockade on Israel and cutting off a vital shipping lane for the Jewish State. Jordan then signed a mutual defense agreement with Egypt.

Outnumbered and outgunned and against all odds in the face of external pressure not to act first to ensure its survival, the Jewish State launched a successful, preemptive strike against its hostile neighbors and prevailed in a defensive war. When it was over, Jerusalem was liberated, reuniting the city

and Judaism's holiest sites with the Jewish people and putting an end to almost two decades of exclusion from the Old City.

Since coming under its sovereignty, Israel, the one true democracy in the Middle East that shares our values of freedom, has protected people of all faiths in Jerusalem and ensured their access to holy sites so that they might worship freely. They have protected the rights of Jews, of Christians, and of Muslims. This has occurred even while religious minorities are being targeted, persecuted, and attacked throughout the Middle East and religious and historical sites are being demolished today by radical Islamic terrorists.

Today is a day where we must also reassert historical truth: The historical connection between the Jewish people and Jerusalem and the land of Israel did not begin in 1967. These profound ties to Jerusalem have existed for thousands of years. They can be traced back and have been reaffirmed through numerous archeological excavations such as those in the city of David.

In the past several years, I have traveled to Israel three times. There is something that stirs inside each time I am there. It is remarkable to observe the great successes and achievements of this small and yet mighty country that is one of America's strongest allies in the world.

It is long past time that America do something it should have done two decades ago: Move the American Embassy to Jerusalem and formally recognize Jerusalem as Israel's eternal and undivided capital. In every nation on Earth our Embassy is in its capital city except for Israel. There is no reason Israel should be treated any worse when they are such a reliable and unshakeable ally.

We should honor the promise that Democratic Presidents and Republican Presidents have made for decades and move our Embassy to Jerusalem. So I stand today to express my solidarity with Israel and with the Jewish people during this major celebration. Now, more than ever, America stands strong with our unshakeable friend and ally, the nation of Israel.

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

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

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent to speak for up to 15 minutes as in morning business.

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

CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, I am here to discuss what you might call

the Scott Pruitt philosophy of environmental regulation. In a recent interview, the Administrator of the Environmental Protection Agency expressed his view that the EPA should "simply pass regulations that provide fairness and equity and allow utilities to make decisions based upon stability, cost, and security to the consumers that they serve." Did we notice anything missing in that assertion of what EPA's role should be? How about no mention of the environment, no mention of climate change, no mention of public health? So my 168th "Time to Wake Up" speech will look at how paid-for Administrator Pruitt is by the very industries he is supposed to be regulating. Often, the word for this is "corruption."

Scott Pruitt is a functionary of fossil fuel money. He has a long record of dark money fundraising and long, cozy relationships with big fossil fuel political donors.

As you can see, energy interests contributed over \$136,000 to Pruitt's 2014 campaign even though he ran unopposed. During the 2010 and 2014 election cycles, oil and gas giants Devon Energy and Koch Industries—yes, of those infamous Koch brothers—maxed out to Pruitt's campaigns.

Thanks to Pulitzer Prize-winning reporting by the New York Times, we know that backing Pruitt was a good fossil fuel investment, particularly for Devon Energy. In 2011, Attorney General Scott Pruitt took a letter written by Devon Energy, he put it onto his Oklahoma attorney general letterhead, he signed it for them, and he sent it off to EPA, pleading Devon Energy's anti-regulatory case as if it were his own.

As attorney general of Oklahoma, Pruitt directly solicited political donations from companies now regulated by EPA, then regulated by EPA as well.

He spoke at dozens of industry events but never at a public health or environmental event.

He led the boards of political organizations, like the Republican Attorneys General Association and its dark money political fundraising arm, the so-called Rule of Law Defense Fund, this thing. Pruitt was a member of the RAGA executive committee—RAGA being Republican Attorneys General Association. He was a member of their executive committee between 2014 and 2016, when RAGA raised \$530,000 from Koch Industries—yes, those same infamous Koch brothers—and \$125,000 from Devon Energy—yes, of the letter he put onto his own letterhead.

Coal giant Murray Energy donated \$50,000 to Liberty 2.0, Pruitt's own super PAC, and it donated \$350,000 to RAGA between 2014 and 2016.

The Rule of Law Defense Fund doesn't have to disclose its donors. They hide in a loophole in the law. But other public reporting has shown that it received at least \$175,000 from something called Freedom Partners. With a name like that, you know it is up to no good. Sure enough, it is another dark