Altogether, these cuts not only threaten the progress we have made in fighting against the opioid crisis, but they also threaten the prosperity of the rural communities, which have been the hardest hit. We need a budget that helps and not hurts rural America.

We have a lot of work to do. I appreciate, again, the work of our Democratic and Republican colleagues in the Senate. As we have shown with the budget—from last month through the rest of this year—we have put some common sense in there and have done a good job and have gotten a lot of bipartisan support. My hope is that we will do the same thing here and make a smart budget and reject the one that has been proposed by this administration and come up with something much better that helps and not hurts the people of our States.

I yield the floor.

The PRESIDING OFFICER. The majority whip.

HEALTHCARE LEGISLATION

Mr. CORNYN. Mr. President, I want to spend a little bit of time today talking about how badly ObamaCare is failing the American people and how my Republican colleagues and I are working to repeal and replace it with healthcare that works. I wish I could say that Democrats and Republicans were working together to replace it with healthcare that works. Unfortunately, our Democratic colleagues have taken a walk on this particular topic and, apparently, are not interested in participating.

Even though 30 million Americans remain uninsured under ObamaCare, the individual market—where people buy their health insurance if they do not have employer-provided coverage or government-provided coverage—is in a death spiral. This was confirmed by a study by the Department of Health and Human Services. It was also the subject of a Wall Street Journal article today that makes the point that average premiums in the individual market have increased 105 percent since 2013 in the 39 States in which the ObamaCare exchanges are federally run. This translates into $3,000 more out-of-pocket for middle-class, hard-working families—a 105-percent increase in premiums since 2013.

I dare anybody to say ObamaCare is working as it was intended. All one has to do is look back to President Obama's very words, when he said: If you like your doctor, you can keep your doctor; if you like your health insurance policy, you can keep that. He also said: Oh, by the way, we are going to save you money too. A family of four will save $2,500 a year. Contrast that to the $3,000-a-year increase since 2013 in the individual market—a 105-percent increase.

As I said earlier, this week the Department of Health and Human Services released a report that underscores the negative impact ObamaCare is having on families across the country. The report highlights the incredible increase in annual premium prices since ObamaCare took effect, and I mention that in the aggregate.

Let's look at places like Texas. In Texas, the average monthly premium jumped from $222 in 2013 to $404—about an 82-percent increase. If you are a young person buying health insurance, a young family or anybody, for that matter, spending $222 a month and it jumps 82 percent, to $404, that is a big bite out of your disposable income. That is pretty bad, there is no question about it, but Texas wasn't close to being the hardest hit.

For example, in Wisconsin, premiums have almost doubled. In Montana, they have gone up 133 percent. In some States, the premiums have actually tripled. As I said, the average individual premium has more than doubled in the 39 States using healthcare.gov—an increase of 105 percent since 2013.

That is not the only problem with ObamaCare. This year, one in three counties across the United States have just one insurer on the ObamaCare exchange. In other words, ObamaCare has gotten it so wrong that the risk pools are mainly people who are older and who need healthcare more, and many younger people—young, healthy people who are important in the risk pool to help bring premiums down for everybody—are simply taking a walk. This isn't the mark of a healthcare law that is working for the American people or helping our country grow healthier. It is the mark of a law that is actually hurting families by giving them fewer options at a higher cost and failing to deliver on any promises. We wonder why people are cynical about their own government. Well, it is because of promises made and promises not kept, and ObamaCare—I have said it before and I will say it again—is one of the biggest examples of consumer fraud I have ever seen in my lifetime.

We are talking about real-world consequences here. My colleagues on the other side of the aisle like to talk about how many people would be potentially hurt by repealing and replacing ObamaCare. Of course, that is purely speculative. They are making it harder because they refuse to participate in this process, but we are determined to make sure we bring premiums down and make health insurance more affordable for those who want to buy it.

Let me talk about concrete examples of people terribly affected by the ObamaCare healthcare law. One of my constituents wrote me a few weeks ago and said she and her husband got their insurance from her husband's job, but since ObamaCare came into effect, their premiums have tripled, and she estimates their deductibles have doubled. What is also frightening is that her prescriptions have skyrocketed too. As an example, an inhaler that previously cost her $35 now costs almost 10 times that amount—well over $300.

Given the outrageous costs, this Texan decided to see if she could get a better deal on the exchange since her insurance costs kept going up and up and up. She said the deductible she would have gotten was $6,000 a year. Add that to higher premiums, and she said ObamaCare was too high to even think about changing to.

ObamaCare has had so many negative ripple effects throughout our entire economy. It restricted the number of hours people can work because of the employer mandate. It raised taxes, depressing economic activity and growth—things like the medical device tax. The medical device industry is one of the most innovative, lifesaving industries in our country and literally in the world. Yet ObamaCare imposed a medical device tax and chased those jobs and the innovation that goes along with them offshore. I remember one of my constituents from Dallas, TX, said they had a location in Costa Rica, and as long as the medical device tax applied to things they did in Texas and in the United States, they were going to take their business and build it in Costa Rica for one reason and one reason alone; that is, to avoid this crushing tax.

The result has not been good for the economy, and it has not been good for healthcare. Many folks can't find any reasonable insurance that will actually pay for what they want. They can't afford what insurance they do have, and they feel hopeless and helpless as the rates keep climbing.

Because I know these stories apply not only in Alaska or in Texas, they apply all across the country, one would think we would have Senators on both sides of the aisle clamoring and working together to try to come up with some solutions, but, once again, it is stony silence from our colleagues across the aisle.

As my constituent rightly pointed out, so much of their income is now going toward premiums and other healthcare costs, she said she and her husband feel like they are actually being robbed. That is why we believe, on this side of the aisle—I wish I could say on both sides of the aisle but certainly on this side of the aisle—that we need to find a solution that works for our country.

So here is an open invitation to any of our colleagues in either House of Congress: Please come work with us, not for our benefit, not for any political gain or advantage but because it is the right thing to do. That is why we get elected. That is why we serve, not to engage in petty politics but to actually do things that help our constituents.

This isn't just a red-State problem. I pointed that out earlier when I referenced Wisconsin and Montana. This is a problem that confronts our entire country.

So we are going to continue to keep working on a bill that repeals this ObamaCare disaster and replaces it with patient-centered, accessible healthcare that make sense for the

American people. I hope our colleagues on the other side of the aisle come around to join us because we do intend to get this done.

I just want to read a couple of other excerpts from this Wall Street Journal editorial today. They talk a little bit about how to read the CBO report. The Congressional Budget Office, as the Presiding Officer knows, really has the final word on interpreting, from an official standpoint, what the impact of proposed legislation would be, but I have to say this is far from the holy writ.

Here is a good example. In this article, they point out ObamaCare coverage estimates—CBO estimates for ObamaCare coverage by year in millions of enrollees. For example, in 2013, they projected that 7 million enrollees would enroll in ObamaCare, and it was 6 million. That is not too far off, but let's look at 2015. In 2015, they said 13 million would enroll, and 11 million enrolled. Again, that is ballpark, but then we go to 2016. They predicted that 21 million people would enroll in ObamaCare. Do you know how many enrolled? Twelve million. They missed it by almost 50 percent. That is not close. Then, in 2017, they projected it would be 15 million, and it was 10 million.

I say that not to disparage the Congressional Budget Office because I know they are doing the best they can, but it is hard to predict the future, and it is also hard to predict how markets will work and how people will respond to the incentive of more choices and lower costs.

This is not a red-State or a blue-State issue because, as I mentioned, in Missouri alone HHS has said that premiums have increased 145 percent. So wouldn't we think we would have both Senators from Missouri on the floor working with us to try to solve the problem? I know Senator BLUNT is working with us to try to solve the problem, but we would benefit from having a bipartisan effort to address the problem.

They also point out that there are other things the CBO report talks about which is significant, particularly in terms of getting our economy growing again. They said, for example, that the House bill cut taxes by $992 billion, spending by $1.1 trillion, and reduced the deficit by $119 billion. Now, I know that is not the primary effort here when it comes to healthcare, but if we want to get our economy growing again, if we want to make it possible for more people to buy healthcare coverage at a price they can afford, it helps if they have a job, and it helps if the economy is growing.

Here is the thing that, to me, is perhaps the most cynical argument by the critics of what we are trying to do in repealing and replacing ObamaCare. Despite the fact that there are 30 million people uninsured now—hardly a success, hardly the gold standard for providing access to healthcare coverage—the Congressional Budget Office points out what I think is pretty obvious. If you take the gun away from people's heads and you don't force them to buy a product they really don't want, fewer people are actually going to buy it because it doesn't suit their needs, and it is not available at a price they can afford. As the Wall Street Journal points out, without the threat of government to buy insurance or else pay a penalty, some people will conclude that ObamaCare coverage isn't worth the price, even with the subsidies.

Sometimes I wish we would have honest and open debates about the problems that confront our country, and certainly healthcare is something near and dear to all of our hearts. Too often I feel as though we are ships passing in the night or reverting to our talking points rather than having an open and honest discussion. This is an area where we can benefit from an open and honest discussion and an acknowledgment that the status quo is unsustainable.

If Hillary Clinton were President of the United States today, we would be revisiting ObamaCare because the individual market is, as I described earlier, failing. It is failing. I am confident our colleagues across the aisle would be eager to try to step forward to address that, but because the candidate they did not choose won the Presidency, then they are in full-blown resistance, not offering to lift even a finger to try to help us solve this problem, and it is a shame, but it is not too late.

We invite them again to join us as we repeal and replace ObamaCare, providing people with more choices at a price they can afford, not because we are going to hold a gun to their head and say you are going to have to buy a product you don't want, at a price you can't afford, we are going to give people the freedom to choose. That is not a bad thing. That is a good thing. That is what America is all about—not having government force you to make decisions that you don't view are in your own economic self-interests.

I yield the floor.

The PRESIDING OFFICER (Mrs. FISCHER). The Senator from Connecticut.

Mr. MURPHY. Madam President, I rise to speak on the same subject as my friend from Texas.

Listen, Democrats are ready to talk to Republicans about improving our healthcare system, but we aren't going to engage in a debate that presupposes that the end result is going to be millions of people losing care and rates going up for everybody in order to fund a tax cut for the wealthy. That is the plan Donald Trump and the Republicans are pushing.

So my Republican friend is right: Democrats are not interested in having a discussion about how many people are going to lose coverage. We are not interested in having a discussion about how high the rate increases are going to be. We are not interested in having a discussion about big tax breaks for millionaires, billionaires, insurance companies, and drug companies.

Let's be honest. If Republicans were serious about working with Democrats, we wouldn't be using an arcane Senate rule which allows them to push through a bill with 50 votes. If Republicans really wanted to work with Democrats on healthcare reform, they would do it through normal business. If Republicans were really serious about working with Democrats on healthcare reform, they would be going through regular order and going through the committee process.

Whatever we want to think about the Affordable Care Act, it went through the committee process. I think 160 Republican amendments were accepted in the Health, Education, Labor, and Pensions Committee in 2009. The Finance Committee held multiple meetings. The bill was on the floor of the Senate for a month. Republicans are jamming this bill through—no committee process, no committee meetings, no committee markups, no open-floor process.

Even Senator CORKER called out his own party and said that this is no way to rewrite one-sixth of the American economy—13 male Republican Senators, behind closed doors, in secret.

Democrats are desperate to work with Republicans on fixing what is wrong with our healthcare system. Not every problem has been fixed, but we are not going to start with 17 million people losing healthcare or rates going up by 20 percent. And we want to do it in a way that is transparent to the American public, where everybody can see.

On the second point my friend from Texas raised—this idea that CBO got the numbers wrong when they estimated how many people would be insured by the Affordable Care Act in 2009—as he mentioned, they weren't off by that much, but to the extent they were off, there is a simple reason for it: CBO did not take into account that Republican States would seek to undermine the Affordable Care Act in every conceivable way possible. CBO gave Republican Governors and State legislatures the benefit of the doubt that once this law was passed, once it was presenting an avenue to insurance for millions of people across the country, both parties would seek to implement it. That is not what happened. Republican States refused to set up State-based exchanges. Republicans brought lawsuit after lawsuit to try to stop the Affordable Care Act from going forward. Republicans, in control of the House and the Senate, jammed through legislation that reduced the risk insurance provided to insurance companies. CBO did not estimate that Republicans would wage a 6-year-long campaign to undermine and undo the Affordable Care Act.

In States that implemented the act, such as Connecticut, numbers met or beat expectations. In States that didn't

implement the Affordable Care Act, sought to undermine it, numbers didn't meet the expectations.

Then comes President Trump, who openly telegraphs his desire to undermine the Affordable Care Act, cuts off all of the advertising, tells the IRS to stop enforcing the law, bleeds out payments to insurance companies one month at a time, teasing that this will be the last month they get their money.

Finally, on this question of a gun to the head of consumers—I guess that is a reference to the provision of the Affordable Care Act that says: If you don't buy insurance, then you will pay a penalty. That is absolutely part of the Affordable Care Act. Why? Because if you want protection for people with preexisting conditions, then you have to have a mandate that people buy insurance, or else people just won't buy insurance until they are really sick, knowing they can't be charged more.

Actuarially, the protection for people with preexisting conditions only works with the individual mandate. I remember Senator CRUZ, during his marathon filibuster, admitting that. Republicans and Democrats know that. That is why the American Health Care Act, which just came out of the House of Representatives, includes an individual mandate. So let's not pretend like this is a partisan issue.

The rightwing American Health Care Act that came out of the House of Representatives 2 weeks ago includes an individual mandate—it is in there—because they know the same thing: If they want to preserve any modicum of protection for people with preexisting conditions, they have to require people to buy insurance. They just put the mandate in a different place. In the Affordable Care Act, the penalty kicks in if you don't buy insurance. In the House bill, the penalty kicks in after you have lost insurance and you try to sign up again. It is the same mandate, the same penalty, just a slightly different timetable for payment.

Here is what TrumpCare does: higher costs, less care, tax cuts for the rich.

I want to talk about the CBO score that came out last night—not major adjustments from the first CBO score, but there are some important amendments that they make. But the bottom line is that if you care about costs, there are going to be higher costs. That is what CBO says. There is a 20-percent increase in cost the first year, 5 percent in the next year for good measure. There is less care—I mean significantly less care—23 million people. Big improvement—24 million people lost care in the first House bill; 23 million people lose care in the second House bill. And all of this is done in order to pass along tax cuts to the wealthy. We are talking about $662 billion of tax cuts for the wealthy.

Here is what CBO says: Premiums are projected to rise 20 percent in 2018. So our Republican friends who came down to this floor for 6 years and said we need to repeal the Affordable Care Act because costs are too high just passed a bill in the House of Representatives that CBO guarantees will raise premiums by 20 percent in 2018.

And it got a lot worse. CBO says that if you are an individual with a preexisting condition and you live in a State that takes advantage of one of these waivers, the premiums, frankly, don't even matter to you because you won't be able to afford the catastrophic high cost associated with your illness.

If you are an older American, especially an older American living on Social Security, then you are targeted by the American Health Care Act. A 64-year-old making $26,000—and I have a lot of 64-year-olds in Connecticut making $26,000, and I bet a lot of my colleagues here who live in lower cost and lower income States have even more of this population—today you are paying about $1,700 a year for healthcare. That is what your premium is after taxes. Under the American Health Care Act, your premium would go up to $21,000 a year. You are making $26,000, and your premium goes up to $21,000. You would receive about $5,000 in tax credits, but in the end, you would be paying $16,000 in healthcare premiums.

Now, obviously you wouldn't be paying $16,000 in insurance premiums because you couldn't afford healthcare if you still want to pay your rent and you still want to pay your gas bill and you still want a few groceries.

The reason why massive numbers of people lose insurance is because 20 percent is just the average; for some people, premiums will go up 700 to 800 percent, especially if you are older or if you are lower income.

Here is what CBO says will happen if the Affordable Care Act stays: The number of uninsured will go up a little bit. It will tick up to about 28 million. But for all my colleagues on the Republican side who have been claiming that the Affordable Care Act is in a ''death spiral,'' CBO tells you that you are wrong. You are wrong. They state clearly that the marketplaces will remain stable. Now, again, they may not be counting on the kind of sabotage President Trump is engaged in. If President Trump continues to destabilize the markets, maybe this number will be wrong. But if you had an administration that was attempting to enforce and implement the Affordable Care Act, you would get about the same number of people who are uninsured.

Here is what happens if you pass the American Health Care Act: The number goes immediately up to over 40 million uninsured and peaks after 10 years at 51 million people.

Senator CORNYN said: Listen, we still have 30 million people who don't have insurance; let's try to solve that problem. But CBO says that the House bill doesn't solve the problem. It turns a problem of 28 million Americans without health insurance into a humanitarian catastrophe—more people uninsured at the end of this than were uninsured before the Affordable Care Act passed.

So I guess what Senator CORNYN is saying is that whatever product emerges from these secret meetings will insure more people and that CBO will verify that. That is something on which we can work together. Let me guarantee, that won't be the case.

To give a sense of how many people 23 million is, because I know that is kind of a hard number to get your head wrapped around, this is the number of people who lose insurance under the House bill, according to CBO. CBO's new numbers just came out last night. That is the equivalent population of Alaska, Delaware, Hawaii, Idaho, Kansas, Maine, Montana, Nebraska, Nevada, New Hampshire, New Mexico, South Dakota, Rhode Island, North Dakota, and West Virginia. When we put up this chart a couple months ago, I think there was one additional State. So by moving from 24 million losing insurance to 23 million people losing insurance, one State came off this list. But that is the equivalent population of how many folks lose healthcare in this country. That is why I call it a humanitarian catastrophe.

Then let's just think about what CBO says about who benefits. Here are 23 million people who lose insurance—and that is a pretty simple formula. The bill takes insurance from 23 million people in order to pass along a $173 billion tax break for the pharmaceutical industry and the insurance industry and a $230 billion tax break for very rich people. Some of it will go to people making above $200,000 a year, but most of it will go to people making over $1 million or $1 billion a year. The numbers actually work out pretty squarely. The cuts to healthcare in the bill roughly work out to be about the same amount in tax cuts for the wealthy.

By the way, there is another chart here that is a great one. There is another chart that shows who benefits when we look at the tax breaks. If you make under $200,000 a year, you get zero benefit from the American Health Care Act. Every single dime of the tax cuts for individuals or families goes to those making over $200,000 a year. How about that—a $230 billion tax break, and not a dime of it goes to people making under $200,000 a year. So this bill was a nightmare before the CBO score, and it is even more of a nightmare today.

Let me point out one more important thing that CBO says about this bill. Inside this bill, in a new amendment that allowed it to pass the House of Representatives, is a provision that allows States to get waivers from the essential healthcare benefits requirement that insurance actually provide you coverage for healthcare and the community rating requirement that you spread out the costs of healthcare across the entire population of people who are insured.

What CBO says is that about one-sixth of the population—that is equivalent to about 25 States and Washington, DC—who might obtain waivers, including both the essential benefits requirement and the community rating benefit—that would result in insurance markets coming apart at the beginning of 2020.

CBO states that ''less healthy people would face extremely high premiums, despite the additional funding that would be available'' under the bill to reduce premiums. CBO says specifically: ''In particular, out-of-pocket spending on maternity care and mental health and substance abuse services could increase by thousands of dollars in a given year for the nongroup enrollees who would use those services.''

Let me put a finer point on this. The legislative jujitsu that Republicans did in the House to get this thing passed involved eliminating the requirement that people with preexisting conditions be protected from premium increases, combined with a high-risk pool that would have a bunch of money in it to help reduce premiums for those people.

CBO tells you essentially that those high-risk pools are a fraud. CBO says there is not enough money in the high-risk pools in order to provide any meaningful benefit for people with preexisting conditions. In particular, they say, women going through pregnancy, families going through pregnancy, and individuals with mental health and substance abuse will see thousands of dollars in additional costs because the money in the risk pools cannot cover the cost of that care.

We have an opioid epidemic raging throughout this country, and the House just passed a bill that will increase costs for people suffering from substance abuse by thousands of dollars. We can do better. Republicans can emerge from these secret meetings, set aside their plan to ram through this vote with no committee process through reconciliation, and we can start talking about what to preserve in the Affordable Care Act and what we need to change. That is what Americans want us to do.

The majority of Americans do not want this bill repealed. The majority of Americans today support the Affordable Care Act. Yes, that number is different than what it was a few years ago. Maybe that is because, faced with this benefit, faced with these insurance protections being eliminated, Americans are rallying to the defense of the Affordable Care Act. That doesn't mean Democrats don't believe we can make some commonsense amendments, but it does mean we are not willing to participate in a process that presupposes that the outcome will be less people being insured, costs getting higher in order to finance tax breaks for the very wealthy and for insurance companies and drug companies.

Republicans should come out from behind closed doors, work with Democrats. CBO tells you a humanitarian catastrophe is coming if you don't.

I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. MORAN. Madam President, I am here to visit about the topic of healthcare. I will be spending time in Kansas this week, and there probably will be no topic of conversation that will be greater than people's concerns about healthcare. I will tell you, as I have indicated to many of my colleagues, this is like no other issue I have ever dealt with as an elected official in how personal the consequences are of the decisions we make here.

While I certainly admit there is plenty of politics and partisanship and too much back and forth that revolves around this concern about healthcare, what I do know is, the people who visit with me, in so many instances, are my friends, my neighbors, our kids' teachers, they are people I go to church with, and in many instances, as they have a conversation with me about what we are going to do in regard to healthcare, tears begin to stream down their cheeks as they worry about themselves but, more importantly, they worry about their family members, their sons, daughters, husbands, wives, and parents.

This is a very personal issue. The concerns Kansans have about this and what we might do is sincere and real. I also know the Affordable Care Act—the law that is in existence today—is failing many Americans as well. In fact, just this week, yesterday, we learned the company Blue Cross and Blue Shield of Kansas City is exiting the market and will no longer provide a product in the Kansas City area of our State, which means, in most instances, individuals will no longer have an option in regard to the Affordable Care Act.

What we have in place doesn't work, but I also know what has come from the House isn't the solution to this problem either. The work we have to do—you and I, Madam President, and our colleagues—is serious and one that has real and personal consequences for every American, and we must take our responsibilities seriously.

I have indicated to my colleagues that neither the Affordable Care Act, which I voted against, nor what the House has passed, is anything I would vote for. I really wish we were doing something different than either one of those things.

As I thought about my remarks today, I was about to say that I suppose I came too late to get my ideas adopted by Congress, but really I came to this issue early, and I think it was 2004, maybe 2006, in which, at least in my own mind, I penned on paper and worked on drafting legislation on what I called a 10-point plan to address the affordability and availability of healthcare.

I can tell you that my ideas, which predate President Obama's, were nothing like the Affordable Care Act, and they really were nothing like the conversation we are having today. I wish we would be addressing the underlying reasons that healthcare costs so much rather than focusing so much attention on the issue of health insurance and its premiums.

If we can drive the things out of healthcare that unnecessarily raise the price, the cost of access to healthcare, we can make a tremendous difference in healthcare premiums and the affordability of healthcare for all Americans, not just trying to figure out what kind of plan we can develop, what kind of insurance program, what kind of subsidy or tax credit we can provide, but we would be treating the underlying problem, not just the symptoms.

I suppose, to give a little understanding of what I am talking about, in my view, the things we ought to consider are allowing more competition in the market, more free enterprise opportunities, allowing people to purchase insurance from coast to coast, expanding the support for community health centers. These centers are already in existence. They need to be more available in more places.

We are a very rural State, and it is hard to find those community health centers, but they provide healthcare services to people who have no ability to pay and no insurance. We ought to be more supportive of community health centers, not less, providing, particularly, primary care for people in difficult circumstances.

We also need to give small businesses and organizations the ability to organize and create larger pools so they can negotiate for better premiums. We need to utilize health savings accounts. We need to support medical research. If we can find a cure for cancer, the delay of the onset of Alzheimer's, we can save billions of dollars in our healthcare system as well as save lives and improve the quality of life of people who suffer from the diseases that are so prevalent.

We need to address the issue of prescription drug costs. How do we make certain no drug company takes advantage of cornering the market or how do we make certain they don't utilize our current laws to extend the life of their patent, eliminating the chance for competition to come into play and the introduction of generic medicine that can save, again, consumers and patients lots of money.

We need to promote preventive healthcare. Wellness, fitness, diet, and nutrition are the things that probably give us the biggest bang for our buck and don't necessarily need to be a government program, but people need to work at living healthier and healthier lives and prevent diseases from occurring in the first place.

We need additional physicians and other healthcare providers—nurses and others—and we have not put the attention into developing programs to educate and train the next generation of medical providers. We need to make sure Medicare and Medicaid actually

pay for the cost of the services they promised to pay for on behalf of low-income citizens as well as citizens who are seniors, instead of having the cost shifting that occurs as a result of the system we have today, in which Medicare doesn't pay or Medicaid doesn't pay sufficient amounts of money to actually pay for the services a patient receives under either one of those programs.

Again, those are things that I think would be beneficial to every American, and it wouldn't be spending our time trying to figure out how we modify the insurance system, how we figure out about subsidies or tax credits for people within the system. Again, I don't come late to this issue, but it doesn't seem to be the direction we are going.

Before my time expires, one of the items I wanted to particularly highlight is the value of medical research. I am proud this Congress passed an appropriations bill that includes an additional $2 billion for use in medical research for the National Institutes of Health, and perhaps something that we can even be additionally proud of is, we did that without spending more money. We simply—I shouldn't say ''simply.'' Nothing is easy about it. I am on the Appropriations subcommittee that is responsible for the funding of NIH. We reallocated money that was being spent someplace else in support of medical research. Again, if we find the cure for cancer, if we reduce the onset, the time in which people suffer from Alzheimer's, if we can find the cure for diabetes and other diseases, the lifesaving changes that are being made through that medical research and the costs that will accrue to our healthcare delivery system are hugely important.

I particularly commend the Director of the National Institutes of Health for working so closely with Members of Congress and the American people in support of medical research. Dr. Francis Collins is a national resource. I am not a scientist. I don't understand all the concepts that are spoken about when we talk about medical research—a long shot from that. One of the things Dr. Collins, the Director of the National Institutes of Health, has been able to do is explain to me and to my colleagues and to others across the country the value of medical research without getting me lost in the details of the actual science. He is someone who can talk to a layperson about medical research and science in a way that captures me, captures my attention, but I don't get lost in the medical or technical or scientific words and jargon that so often scientists use in having the conversations.

Dr. Collins has been so bipartisan in his approach. I smiled when I read the story. He indicated that when he was being chosen to be the Director of the National Institutes of Health, he called his mother back home and indicated to her: Mom, I am going to become the Director of the National Institutes of Health.

She said: But we are Republicans. I don't want you working for government.

Here is a man who has used his time not working for government, perhaps working in government, but working for the American people and really for worldwide solutions to problems we all face in our families.

There is no American, there is no one in this Chamber whose family has not been affected by the diseases I described and the other long list of afflictions we have as human beings that NIH is not working to make a difference in their lives.

We need to continue that support for the National Institutes of Health as we pursue appropriations bills into the future, and our ability to do that together is important and a source of satisfaction that can come.

I have indicated, from time to time, that it is sometimes difficult to find the things in the jobs that we have as U.S. Senators where you get the sense of accomplishment. There are a lot of challenges in getting things done, but the idea that we have come together to support medical research and find lifesaving cures gives us something to take great satisfaction in and gives us hope that what we have been able to accomplish in this regard, as Republicans and Democrats but really as Americans, can be a role model as we try to find solutions to other problems. I hope that will be the case as we try to find solutions with regard to how do we care for the American people when it comes to their affordability and availability of healthcare.

You and I, Madam President, come from States that are very rural. In any kind of healthcare solution that we find, we need to make certain we are increasing the chances that hospital doors remain open in rural communities across our States, and we need to make certain there are more physicians, not less, there are more healthcare providers, that nursing home and healthcare services are more available, and that pharmacy remains on Main Street.

In fact, in the cases of our States, you could find ways, I suppose, that reduce the cost of healthcare only to discover that you no longer have a provider, no longer have a hospital or a physician or a pharmacy in your hometown. Sometimes when you talk about the affordability, you must quickly couple that with availability. Whatever its price is, if it is not in your community, if it is not in your county, if it is not in your region of the State, it doesn't necessarily matter what it costs.

Our work is serious, and I look forward to working with you and my colleagues as we try to find solutions to make certain healthcare is something every American has access to.

I yield the floor.

Mr. LEAHY. Madam President, just 1 week after a party-line vote in the Judiciary Committee, the Senate is about to vote on the nomination of Judge Amul Thapar to the Sixth Circuit Court of Appeals. It has been more than 16 months since the Senate confirmed a Federal appellate judge and almost 11 months since we voted on a circuit or district nomination. That is because of Leader MCCONNELL's unprecedented obstruction, blocking any votes on President Obama's qualified, consensus nominees, all in an effort to leave as many judicial vacancies as possible for President Trump and the far right special interest groups who are charged with selecting his nominees.

The 7 days Judge Thapar has waited for a vote is quite a contrast with the last circuit judge that Leader MCCONNELL permitted to be confirmed. Judge Felipe Restrepo's nomination languished for 6 months on the Senate floor last Congress before he was finally given a floor vote. Of course, there was no good reason for that. Judge Restrepo had bipartisan support at every step of the process: positive blue slips from his Democratic and Republican home State Senators, a voice vote in the Judiciary Committee, and a bipartisan 82–6 confirmation vote. Likewise, there was no good reason for Leader MCCONNELL to deny votes on other circuit nominees like Donald Schott and Jennifer Puhl. They were reported with strong bipartisan support in the Judiciary Committee and had bipartisan support from their home State Senators, but were left languishing on the Executive Calendar for months, without ever receiving floor consideration. We should not forget the 20 district nominees and the five Court of Federal Claims nominees, who were reported with bipartisan support and then fell victim to Senate Republicans' unprecedented obstruction and were denied a vote after waiting months or even years. Of course, we cannot overlook one of the most shameful inactions of the Senate—the treatment of Chief Judge Merrick Garland, who did not even receive a hearing for his nomination to the U.S. Supreme Court.

So why are we now rushing to confirm Judge Thapar? It is only fair to note that the seat to which he has been nominated has been vacant for nearly 4 years. President Obama's nominee to that seat did not receive this expedited process. She did not even receive blue slips from the Kentucky Senators. Now, that is their right. Had I still been chairman, I would have honored that decision—as I did for both circuit and district nominees—however much I might have disagreed with it. We should not pretend that we are required to vote so quickly on Judge Thapar simply because the Republican leadership held this seat vacant.

This is a nomination that requires thorough consideration by the Senate. It is no secret that Judge Thapar is a favorite of the same far right groups that handpicked Justice Gorsuch—in fact, Judge Thapar was on the same shortlist that they gave to President

Trump. Given Judge Thapar's apparent views on campaign finance regulation, it is no surprise that these groups, who are some of the biggest opponents of any efforts to bring transparency to campaign financing, want to see him elevated to a circuit court. His answers during his hearing did not allay my concerns.

I was also troubled by Judge Thapar's responses to my written questions. Like Justice Gorsuch, he dodged a very simple question about whether the First Amendment permits a religious litmus test for entry into the United States, but even that nonanswer was inaccurate. Judge Thapar responded that the constitutionality of a religious litmus test is an active question in pending litigation regarding the president's Executive order targeting Muslim-majority countries, and that he could not comment on it. That is not accurate. There is no question that such a religious litmus test is unconstitutional—even the Trump administration does not argue otherwise. Instead, they are arguing that the Executive order does not impose such a litmus test. Judge Thapar failed to get the facts right, and failed to show me that he understands one of the most fundamental principles of our Constitution. It will be very difficult for me to support any judicial nominee who fails to answer this question with adherence to both the Constitution and the facts.

The role that far right interest groups have played in this nomination and the Gorsuch nomination is troubling. A President is free to consult with whomever he wishes on potential nominees, but the ''advice and consent'' power belongs to the Senate, not the Federalist Society. For decades, Presidents of both parties have consulted with home State Senators, a requirement formalized through the Judiciary Committee's blue slip process. This tradition protects the role of all 100 Senators in the confirmation process and helps ensure that Presidents work with Senators of both parties to find consensus nominees.

During my nearly 20 years as either chairman or ranking member of the Judiciary Committee, I encouraged Republicans and Democrats to work with President Clinton, President Bush, and President Obama to find qualified, consensus nominees, and I protected the rights of Senators in both parties. As Ranking Member FEINSTEIN noted in a memo that was circulated yesterday, no judicial nomination made by the last three Presidents was confirmed without the support of both home State Senators. I cannot recall a nominee being confirmed over the objection of his or her home State Senator. The blue slip is not a partisan issue; it is about constitutional checks and balances and the Senate's role in protecting the independence of our Federal judiciary. I encourage President Trump to follow the example of his predecessors from both parties and work with us to find consensus nominees to ensure that our Federal courts remain the envy of the rest of the world.

The PRESIDING OFFICER. The Senator from Illinois.

OPIOID CRISIS

Ms. DUCKWORTH. Madam President, I would like to take this time to discuss a critical public health crisis affecting constituents in Illinois and all across the country. Each day, 46 people die from overdose of prescription painkillers in the United States. In Illinois, that number is only growing.

Overdose deaths in Illinois from opioids rose about 275 percent from 2008 to 2014. There are an estimated 460,000 nonmedical prescription opioid users in Illinois alone. A major portion of the total number of drug-poisoning deaths between 2013 and 2015 were a result of opioid and prescription drug abuse. Over 4,000 people died as a result of opioids and prescription drugs, and 2,000 people died due to heroin. Illinois also had the third fastest rising death rates from synthetic opioids in the Nation, with overdoses rising by 120 percent from 2014 to 2015. Unfortunately, Illinois is third from the bottom for treatment of substance abuse because of lack of funding and resources to healthcare providers and law enforcement partners in the State.

These numbers are alarming, but I would like to share a story behind those numbers—a face. Laura Fry is a mother whose family has experienced the worst of the opioid epidemic. Her son, Alexander, is 29 years old and in remission from heroin use disorder.

Alexander was just a normal kid growing up in Wauconda, IL. He had his entire life ahead of him. Then, when he was 17, he had a snowboarding accident and was taken to the emergency room after he lost consciousness. That is when doctors found a mass on his cerebellum and he had to undergo major brain surgery. It was after this surgery that Alexander became addicted to morphine, and his drug abuse began.

When Alexander graduated from high school, he began working at a hospital, where he was able to steal drugs to fuel his abuse. Over time, his drug abuse spiraled out of control. He was fired from his job for stealing narcotics and was arrested for possession of heroin. But because this was his first offense, he was given a very strict 2-year probation. Over the next 4 months, he tested positive for heroin several times, and then he simply disappeared. Laura did not know where her son was or whether he was even alive for 10 months. Finally, he was arrested and taken into custody.

In Lake County, IL, we thankfully have a criminal justice system that recognizes addiction is a disease. The court gave Alexander the opportunity to continue his probation, and he was allowed to perform hundreds of hours of community service and to attend an intensive outpatient program.

In the spring of last year, Laura and her son Alexander appeared in court for the last time. Alexander is now a volunteer for Live4Lali, a substance abuse program in Illinois. He attends community outreach events, shares stories, and offers trainings in naloxone use—a lifesaving drug that reverses opioid overdoses. He has gone from being a user to someone who is transforming lives.

Alexander's story is a reminder that Congress must focus on enhancing recovery efforts, and we are beginning to take steps in the right direction. For example, I was a proud supporter of the Comprehensive Addiction and Recovery Act, also known as CARA, when I served in the House. CARA, which passed with overwhelming bipartisan support, establishes, supports, and strengthens a number of programs to fight the opioid crisis in communities. It provides opportunities for rehabilitation, like the outpatient program Alexander attended, and expands access to drugs like naloxone, which are saving lives on the frontlines of this epidemic.

I applaud these efforts, but I have serious concerns about the majority's commitment to actually funding these essential programs to rehabilitate our fellow Americans who are suffering from opioid addiction because, while we can all agree that CARA's intent was to transform our opioid crisis, the bill failed to provide any actual funds to enact these effective programs.

I, along with many of my colleagues, have asked for CARA to be fully funded and to provide additional funding to the drug courts and veteran treatment courts, which essentially reduced crime, saved taxpayer dollars, and saved the lives of more than 1.25 million civilians and veterans. In addition, we must also make sure families have access to medicine that can save lives during an overdose by calling on manufacturers to offer naloxone to rein in the costs.

I share this story because the turmoil that the Fry family faced is not unique. Millions of Americans are experiencing the impact of opioid abuse, and many of these American stories have much more tragic endings. We can and must do more for these families.

I ask that we take the time, consider the story of Alexander and his family, and step up and do the right thing. Let's fund CARA fully.

Thank you. I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Madam President, let me thank my colleague, Senator MANCHIN, for arranging the time to talk about the ongoing opioid epidemic across the country. I know his home State of West Virginia—much like my home State of Rhode Island—has been hit particularly hard by this epidemic.

This is not happening in some far off place or some distant country. It is happening in Rhode Island, West Virginia, and, indeed, every State throughout the Nation. Last year, over 330 Rhode Islanders lost their lives due to opioids.