

our colleagues were there at the time, Senator RAND PAUL and Senator JEFF FLAKE. We are thankful they were not injured in any way.

On these days, we come together as a family to remember those who have been the victims, and we are thinking of them and their families and praying for them.

HEALTHCARE LEGISLATION

Mr. President, I rise today to talk about the healthcare debate and in particular not just the issue of healthcare but the effort underway by Senate Republicans in their attempts to repeal the Patient Protection and Affordable Care Act.

I have grave concerns about the substance of the legislation—what we know about it. It has been kind of a secret process. We don't know a lot, but we have some general sense of where they are headed. I also have grave concern about the lack of transparency employed by the Republican majority around the development of this healthcare plan.

Like millions of Americans, I oppose this secretive process—and I have to say it is a partisan process as well—that could result in major legislation that would harm children who will lose their healthcare, especially by way of the cuts to Medicaid. It could harm individuals with disabilities—and by one recent estimate in Pennsylvania, that means over 720,000 Pennsylvanians with a disability who rely upon Medicaid; and, of course, seniors—a lot of seniors across the country cannot get into a nursing home absent the full support of the Medicaid Program, and we are concerned about them as well; and finally, middle-class families who may not be able to afford healthcare if the House bill were to become law or a substantially similar bill passed by the Senate.

In 2009, the legislation passed the Senate after a yearlong, open process that included a total of 44 bipartisan hearings, roundtables, and summits. That was in the Committee on Health, Education, Labor, and Pensions, of which I was a member at the time and remember well those hours and hours and days and days of hearings. The Committee on Finance at that time also had many hearings over many months. This whole process by two committees led to the consideration of some 435 amendments offered by both parties, majority and minority, and a full debate on the Senate floor that lasted over 25 consecutive days. In fact, a number of Republican Senators were able to offer and get a vote on their amendments, some of which passed and became part of the Patient Protection and Affordable Care Act.

Yet, in the last 5 months, there have been no Senate hearings on this proposed legislation, no hearings on the House proposal, and certainly no hearings on what is being developed here in the Senate. If that is the case—if that remains the case over the next couple of days and weeks—then I believe we

should institute a very basic rule: If you have no hearings, you have no vote. In other words, you can't have a vote on the Senate floor on a bill that will affect so many tens of millions of Americans and will change dramatically and, I would argue, adversely, to the detriment of a lot of people, our healthcare system. I hope the majority will agree with that—that if you don't have a hearing, you shouldn't have a vote on the Senate floor.

There have been no relevant bills considered in executive session by any of the committees of jurisdiction. Every indication is that the Republican majority will jam this legislation through with minimal opportunity for debate. This is unacceptable to me, but I also believe it is unacceptable to people across the country in both parties.

We know, for example, the reason—or one of the many reasons—folks would want a hearing before a vote, and that is because we are getting a sense of what the substance is. Just to give one example, I won't enter this whole report into the RECORD, but I am holding a full copy of the Congressional Budget Office cost estimate. This estimate is dated, May 24, 2017, analyzing H.R. 1628, the American Health Care Act of 2017. This is the bill which passed the House. Page 17 of the CBO report says:

Medicaid enrollment would be lower throughout the coming decade, culminating in 14 million fewer Medicaid enrollees by 2026, a reduction of about 17 percent relative to the number under current law.

That is quoted directly from page 17 of the CBO report, that over the decade, 14 million people will lose their Medicaid coverage.

I know some here and across the city who were commenting on this legislation—either members of the administration, Members of Congress, or otherwise—are refuting this, but I think when you have a Congressional Budget Office report which is an independent entity that both parties have relied upon—and it is not only the CBO. This is a report authored by not just the Congressional Budget Office but also the Joint Committee on Taxation.

So 14 million fewer people on Medicaid—why is that relevant to the Senate debate if the CBO report was analyzing the House bill? Here is what one think tank, which has analyzed healthcare policy for years, the Center on Budget and Policy Priorities—they put forth a report this Monday, June 12. In that report of just a couple of pages, they had a chart—I am holding it. I do not expect people to see it, but here is what it says. It has four columns. The first column has the major provisions of the House bill; and then what are likely, based upon reporting and information we can ascertain so far, major provisions of the House bill; what happens if the House bill passes; and then major provisions of the Senate bill.

There is a section entitled “Medicaid Expansion.” When the Center on Budget and Policy Priorities analyzed and

compared the House bill to what we know so far about the Senate bill being proposed or at least the development of it, basically the Center on Budget says there is no long-term impact on any reported changes from one bill to the other. The Medicaid per capita cap—another very disturbing development that is being considered—when they compare the Senate bill to the House bill, they say no major changes.

So we are very concerned about what happens to Medicaid. I am very concerned because of the 1.1 million children in Pennsylvania, the disability number I mentioned before of over 722,000 people with disabilities who get Medicaid, and of course the seniors who depend upon Medicaid. So we are concerned about the elimination, even over time, of the Medicaid expansion. We are also concerned about the Medicaid Program itself.

In addition to those numbers, I want to highlight a few individual stories of people to get a sense of what is at stake when it comes to this bill and when it comes to Medicaid.

This past Friday, I met with German Parodi from Philadelphia. Here is his story:

In 2001, he was a victim of a carjacking and was shot in the neck, leaving him paralyzed and unable to use his legs and having limited use of his arms. He was nursed back to health by his grandmother and has worked for the past 16 years to be a full citizen, going to school, working, owning his home, now caring for his grandmother who once cared for him. German, who now uses a wheelchair to get around, has worked to achieve what every American wants—to be a successful student, to own a home, and to care for his family. He can do this because of his knowledge, skills, and perseverance, and he has been able to achieve these goals because he gets direct care services paid for by Medicaid. His direct care professional helps him get out of bed in the morning, get showered, dressed, breakfast, and get to work. Medicaid and the services it provides makes it possible for him to use his skills to be successful.

German told me that without Medicaid, “I would end up having to live in an institution. This would dramatically affect my life and my grandmother's life.”

While talking with me, he said: “Please do everything in your power to protect my life and the lives of millions like me.”

I am short on time but here is another example. Latoya Maddox, whom I met at the same meeting, is from the Germantown section of Philadelphia. She was born with arthrogryposis multiplex congenital, a disability that limits the use of her limbs. Latoya also uses a wheelchair to get around, including getting to school and getting to work. She is smart, energetic, and the mother of a soon-to-be 6-year-old. She is now a junior at West Chester University working on her bachelor's

degree in social work and works part time at Liberty Resources, Incorporated, one of Pennsylvania's independent living centers.

Like German, Latoya is a successful young professional because she works hard and takes advantage of the opportunities presented to her. She has support from Medicaid in the form of direct support professionals who help her with her daily tasks. Without Medicaid, the wheelchair and other medical equipment she needs and her direct care workers, Latoya would not be able to work, attend school, and care for her son.

While I was talking with Latoya, she told me: "Medicaid makes it possible for me to live a regular, full, productive life, to be a parent, to go to school, and to be a reliable employee."

While talking with her, it was clear that Latoya was proud of her son and proud to be his mother. She was clear that the support she receives from Medicaid makes it possible for her to be that proud parent.

She closed her remarks by saying that Medicaid "makes it possible for me to be me."

My last example is Karen Stauffer. Karen Stauffer is from Bucks County, PA. She is a small business owner. She operates the River of Life Natural Foods store. Karen purchased her healthcare policy from the Pennsylvania Affordable Care Act exchange. She said to me that prior to the passage of the ACA, she saw her healthcare premiums increase from \$300 a month in the late 1990s to \$1,300 in the mid-2000s. She said to me that because of preexisting conditions such as high blood pressure and a long bout of Lyme disease, she was worried she would lose her healthcare. She said passage of the ACA was both an emotional and financial relief for her. Her premiums were reduced to \$500 a month after being as high as \$1,300, and she knew she had the protection of the law when it came to nondiscrimination because of her preexisting conditions.

As she spoke, she shared her fears from what she has been hearing about the House bill and what might come out of the Senate; that, at 61 years of age, her premiums could be five times that of younger policyholders and that the meager subsidies proposed by the Republican majority would make healthcare unaffordable for her. She said to me: I am frankly terrified about what could happen to me in the next 4 years. My income has gone down, I have preexisting conditions, and instead of making adjustments and improvements to the ACA, legislators are causing insurers to become concerned about the future.

Karen was distraught when talking about the future and reminded me that "we all could be one accident or illness away from disaster." That is what Karen said.

So German, Karen, and Latoya, I think, give us a lot to think about. I hope the majority, when they are mak-

ing the final edits to their bill, will make sure that any American with Medicaid, for example, who has it now—a child who comes from a low-income family, an adult or child with a disability or a senior trying to get into a nursing home—if they have Medicaid today and need it in the future, that there would be a guarantee that they don't lose their Medicaid, that they don't lose it this year or 5 years from now or 10 years from now, or longer. Stretching it out over many years and eliminating that coverage year after year, a little bit each year, is going to be just as bad in the long run.

I hope the majority would think of those families and the families in their own States when they are considering healthcare legislation in the Senate. We should have a vote only if there is a hearing on this legislation or, frankly, more than one hearing to consider something this complicated.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Oregon.

PRAYERS FOR THE VICTIMS OF THE CONGRESSIONAL BASEBALL PRACTICE SHOOTING

MR. MERKLEY. Mr. President, yesterday we had a horrific tragedy here in the capital area. I know I speak for all of my colleagues who are holding the victims of that attack in their hearts and in their prayers: Congressman STEVE SCALISE, still in critical condition; Zack Barth, legislative correspondent who works for Congressman WILLIAMS of Texas, who was injured; Matt Mika of Tyson's Foods, who represents them here on the Hill; and two of our police officers, David Bailey and Crystal Griner of the U.S. Capitol Police. Without those two police officers present, this could have been a much more tragic event.

We have to reinforce the understanding that we are blessed to have the opportunity to raise our voices in our democratic Republic. We are able to raise them by speaking to our members who are elected in local and State and Federal Government, by writing to them, by meeting with them in town-halls. In my State, you can call them up, and they will sit down with you in a cafe. We have an opportunity to weigh in through writing letters to the editor, by protesting in the streets, by overflowing the email lines and flooding the phone lines. We have all kinds of ways to weigh in, in America, but violence is absolutely unacceptable. We have to try to diminish and eliminate the hate speech, which so often becomes the foundation for hate violence.

We have had a very divisive 18 months here in America, where various folks have sought to increase the divisions between groups of Americans, to attack women, to attack African Americans, to attack Hispanics, to attack Muslims, to attack LGBT citizens. We need to eliminate that strategy of division.

Here, in America, we are a tapestry of talents from all over the world, of different cultural backgrounds who

come together to make this Nation incredibly strong. Unless you are 100 percent Native American, you are either an immigrant yourself or the son or daughter of immigrants. We bring that diversity to bear and we make this Nation powerful in ways few other nations could even come close to having.

Let's take this as a moment in which we seek to encourage public participation in all the legitimate forms of free speech but put hate speech out of bounds and hate violence out of bounds.

HEALTHCARE LEGISLATION

Mr. President, it is ironic that this conversation takes place at a moment where we really have a unique process underway designed to limit political discourse. Everything I am saying about participation assumes you will have a chance to weigh in, whether you are elected or whether you are a citizen.

We have a process in the Senate that is designed to prevent the citizens of America from weighing in and to prevent debate by the Members of the Senate. That is not acceptable. It is not acceptable that in a "we the people" constitutional republic, a democratic republic designed to facilitate conversation and dialogue to produce decisions that reflect the will of the people, that work for all Americans—instead, we have a secretive process, more the type of process you would expect in a kingdom where the King and the counselors hide themselves away, with no public input, and make decisions for the masses. That is not the design of our government. Our government is designed for public input.

Here is a phrase that should resonate: no public input, no vote; no hearing, no vote.

I am speaking specifically about the dialogue on TrumpCare. TrumpCare, which was passed by just a few votes in the House and came to the Senate, doesn't reflect a process of the people, by the people, and for the people. In fact, it is by the privileged, for the privileged, and by the privileged.

The House deliberately excluded the public. They had their own consolidated, confined process to make sure it was difficult to have a full debate and an amendment process, for folks to weigh in and consider alternatives and improvements.

Here we are in the Senate, and it is even worse because we have the secret 13 crafting a plan, planning and plotting to bring it to the floor of the Senate probably 2 weeks from today in order to hold a vote, with only a few hours of debate and no committee process of any kind—not a single committee hearing, not a single committee opportunity to consider amendments—and no chance for the public to get a copy and read through it and weigh in with their Members of the Senate. There is no chance for healthcare stakeholders and experts to examine it and point out the difficulties and the flaws. What I think is most egregious