

brandnew idea that seems to be picking up some interest in the majority about basically coming up with kind of a separate way to fund the coverage for opioids. Instead of it being a guarantee of being able to get access to services, it would sort of be a separate program, which also is not in line with sensible healthcare policy. As the Presiding Officer knows, so often those addicted to opioids have multiple conditions. In other words, if you are a young person who is addicted to opioids, you might well need mental health services. If you are an older person who is addicted to opioids, you might need services relating to chronic illness.

So I want everybody in those States across the country—particularly in the Midwest and in the industrial Northeast—although opioid addiction has hit this country like a wrecking ball from Portland, OR, to Portland, ME. There are a lot of people paying attention to what is going to happen with respect to coverage for those addicted to opioids, and based on this proposal I have been reading about that is being floated, this is a prescription for trouble for those trying to come back from opioid addiction.

Then, I want to mention the bill's provisions on preexisting conditions. When the Affordable Care Act was written in committee, the bedrock guarantee of protection against discrimination for those who have preexisting conditions and protecting those who have preexisting conditions with airtight, loophole-free protection—that was at the heart of the Affordable Care Act. My view is TrumpCare takes a jackhammer to that bedrock protection, cracking open loopholes that benefit insurance companies. Americans are aghast that their elected representatives would support the idea. I know that because I have had 46 townhall meetings in my State this year, and I hear about it at nearly every one.

So one would think this would generate a lot of interest in the Senate Finance Committee—the committee with jurisdiction over Medicaid, for example—because there are a lot of those folks who have preexisting conditions. No discussion. Zero discussion—zero—of any proposal that the Senate could be considering over the next couple of weeks that rolls back protections on preexisting conditions.

I gather the House bill just basically takes the waiver process, which in the Affordable Care Act was designed to let States do better; in the House, they let States do worse—considerably worse—and one of the most objectionable features is the States can get a waiver and unravel some of those strong protections for people with preexisting conditions.

Now, if the healthcare changes I have mentioned aren't bad enough, TrumpCare also takes hundreds of billions of dollars of healthcare from needy and vulnerable people and, in effect, hands it in tax breaks to the most

fortunate. Nobody has come before the Senate Finance Committee with authority over taxes to explain why the Congress ought to raid healthcare programs for the vulnerable to fund tax cuts for the fortunate few.

Our committee—the chairman and I, along with all the Democrats and several of the Republicans—has been prevented from legislating out in the open on this proposal because the Senate TrumpCare plan has essentially been pushed out of view. It is clear that this isn't just sidestepping the Finance Committee. The public—the American people—have been cut out of the process when healthcare policy that will affect millions for years to come is being written here.

The majority leader has said he pretty much is not interested in input from Democrats. The Republican healthcare plan is going to move by reconciliation. That is a Washington word, folks—when you are at a coffee shop, nobody is talking about reconciliation, but it is basically our way or the highway. We are going to do it our way, and that is that. It is the most partisan road you can go down in the Senate. It relies on moving as quickly as possible with the least possible sunlight.

As far as I can tell, the Senate bill is going to be hidden until virtually the last minute, at which point it will come straight to the floor for a very short, abbreviated debate.

That is not what happened when the Affordable Care Act came up. The Senate spent 25 consecutive days in session on healthcare reform, the second longest consecutive session in history—week after week, spirited debate, mid-November into late December, vote after vote after vote. In total, the Senate debated the Affordable Care Act for nearly 220 hours. That kind of extended give-and-take from both political parties you just can't have under this partisan “our way or the highway” approach known as reconciliation.

When the Senate plan hits the floor, there will be 20 hours of debate before time expires and the final votes are cast. That is it. That is it. We won't have seen a bill until the last minute, and then one-sixth of our economy is going to be handled and framed for decades to come in a short and regrettably partisan debate.

I have said from day one that the Affordable Care Act is not perfect. No major piece of legislation ever is. For major legislation to work and for it to last, it has to be bipartisan. That is why I mentioned that I put in a bipartisan bill—eight Democrats and eight Republicans. But you don't get it exactly your way. So I was very glad when the Affordable Care Act took that portion of our bill—the portion of the bill that had airtight, guaranteed protection for Americans from discrimination when they had preexisting conditions.

The reason we felt it was so important—the 16 of us, eight Democrats and eight Republicans—is that if we open

up the opportunity for discriminating against people with preexisting conditions again, we take America back to the days when healthcare was for the healthy and the wealthy. That is what happens if you allow that discrimination. If you are healthy, there is no problem. If you are wealthy, there is no problem, either. You can just write out the checks if you have preexisting conditions.

The process the Senate is headed down now is as partisan as it gets. Unfortunately, what Senate Republicans are doing now makes what the House was up to almost transparent.

I am going to close here with just one last comment. Now is the time for the American people to get loud about healthcare—really loud—because the well-being and health of millions of Americans is at stake here in the Senate over the next 2 weeks. For older people who could need nursing home care, for seniors who aren't yet eligible for Medicare who are between 55 and 65 and who could face huge premium hikes, for the millions who work for employers who thought they were safe, the House bill removes the caps on the out-of-pocket expenses they have. If somebody gets cancer in America, they bust those caps in a hurry. Yet that is what the House is willing to do, and I don't see any evidence the Senate is willing to change.

This debate didn't end when the theatrical production on the South Lawn of the White House took place a few weeks after the vote in the House of Representatives. My hope is—and I sure heard about it from Oregonians last week when we had townhall meetings across the State; there is concern, there is fear, and there is frustration about why they can't be told what is in this bill—that there is still time for Americans to make a difference because political change doesn't start from the top and go down. It is bottom up. It is not top down. It is bottom up. There is still time for the American people to be heard and to make sure their Senator understands how they feel about this, what is at stake, and, in particular, to get an explanation about why they can't be told now what is in this bill.

I yield the floor.

The PRESIDING OFFICER (Mr. BLUNT). The Senator from Texas, the majority whip.

PROTECT OUR CHILDREN ACT OF 2017

Mr. CORNYN. Mr. President, I am glad to see my friend from Connecticut, Senator BLUMENTHAL, on the floor because last week the Senate Judiciary Committee reported the PROTECT Our Children Act, which helps protect children across the country from exploitation over the internet.

This is a bipartisan bill, not surprisingly so because last time this legislation passed, originally back in 2008, it

had 60 cosponsors, including 41 Democrats and 18 Republicans. But I have introduced this reauthorization with Senator HELLER from Nevada and Senator BLUMENTHAL from Connecticut. It is something we call the National Internet Crimes Against Children Task Force Program. It reauthorizes those.

I have had the sad experience of seeing how dangerous the internet can be for our vulnerable children. When I was attorney general of Texas, I launched something we quaintly called at the time the Texas Internet Bureau. That was a long time ago, about 2000. Today, they call it the cyber crime unit, and they do a lot of even more sophisticated things. But the idea back then and the idea still today is to fight internet crimes and to work with law enforcement agencies around the State, including a Dallas-based task force.

Now, 17 years later, these task forces are a national network of 61 coordinated units dedicated to protecting children from internet predators and investigating perpetrators who engage in these horrific crimes. These task forces are on the frontline every day, protecting our children online and rescuing victims of exploitation and abuse. They also work with local agencies to create victim support programs and encourage proactive community education; for example, educating parents and adults of the sorts of things their children might be exposed to online that they might not know about. So we need to educate families and children about the risks the internet can hold, together with the wonderful opportunities it also presents. This is really the dark underbelly of the internet.

It requires a depth of resources to fight child predators online. My experience as attorney general was that local law enforcement agencies didn't have the tax base. They didn't have the expertise. They didn't have the computers and the other sophistication they needed in order to combat this in their local communities.

Over the past few years we have been able to save many lives from crime online, and it would be a mistake now to change course. We cannot lose this critical tool.

Just for the information of colleagues, we put this on the hotline which, for those who don't work in the Senate, means we asked all Members of the Senate to comment on this and to let us know if they had any objection to its passage.

Hearing none, Mr. President, as in legislative session, I now ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 122, S. 782.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 782) to reauthorize the National Internet Crimes Against Children Task Force Program, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. CORNYN. Mr. President, I ask unanimous consent that the bill be considered read a third time and passed, and the motion to reconsider be considered made and laid upon the table.

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

The bill (S. 782) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 782

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Providing Resources, Officers, and Technology To Eradicate Cyber Threats to Our Children Act of 2017" or the "PROTECT Our Children Act of 2017".

SEC. 2. REAUTHORIZATION OF THE NATIONAL INTERNET CRIMES AGAINST CHILDREN TASK FORCE PROGRAM.

Title I of the PROTECT Our Children Act of 2008 (42 U.S.C. 17601 et seq.) is amended—

(1) in section 105(h) (42 U.S.C. 17615(h)), by striking "2016" and inserting "2022"; and

(2) in section 107(a)(10) (42 U.S.C. 17617(a)(10)), by striking "fiscal year 2018" and inserting "each of fiscal years 2018 through 2022".

Mr. CORNYN. Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I came to the floor to talk about healthcare, but I wanted to be here on this occasion to join my distinguished colleague from Texas in supporting this measure because it is so vital to protecting children.

Like the distinguished Senator from Texas, I, too, was attorney general, and we in Connecticut have been at the forefront of fighting this internet and cyber threat to the welfare of our children.

So I want to express my thanks to him for working in a very bipartisan way. At a time when the public, many commentators, and media question whether we work together across the aisle, this bill is a very apt example of how we can and we must work together to protect our children, to advance our national interests, and to make sure that criminal justice is effectively enforced in this country.

I look forward to working with my colleague in making sure this measure becomes law.

I yield the floor.

EXECUTIVE SESSION—Continued

The PRESIDING OFFICER. The Senator from Louisiana.

HEALTHCARE LEGISLATION

Mr. CASSIDY. Mr. President, one of the things we are debating right now is, What is the future of the Affordable Care Act or, I should say, healthcare in the United States? One thing we can all agree to is that the individual market under the Affordable Care Act—or

ObamaCare, as it is commonly called—is not doing well.

I will put up this Facebook post from a constituent in Louisiana named Brian. He wrote in to say:

My family plan is \$1,700 a month. Me, my wife, and 2 children. The ACA has brought me to my knees.

He doesn't say this, but we know that, most likely, his family deductible is \$13,000.

I hope we can get something done. . . . The middle class is dwindling away. Can everyone just come together and figure this out?

So his family is putting out \$20,000 a year for insurance. They most likely have a \$13,000 family deductible. They have two children, a young family, \$33,000 of out-of-pocket expenses before they would see significant benefit from their policy. Clearly, we have a problem.

When he was campaigning, Candidate Trump recognized this, and he said over and over that his contract with the voters was to maintain coverage, lower premiums, address and care for those with preexisting conditions, and to eliminate the ObamaCare mandates. This, if you will, was his contract with the voters—a pretty good contract. I think it is something both parties can get behind.

Candidate Trump and then President-elect Trump doubled down on this just before taking the oath of office, saying: "People covered under the law"—meaning the law that he would support to replace the Affordable Care Act—"can expect to have great healthcare. It will be in a much simplified form. Much less expensive and much better."

Indeed, the President of the United States seemed, again, to renew this commitment this past week at a lunch with 15 Senators at the White House, once more saying how we have to have a law that lowers premiums and cares for those with preexisting conditions.

That is the baseline. Some would argue, has President Trump committed himself to some right that previously did not exist that all Americans would have healthcare?

I am a physician, a doctor. I worked in a public hospital for the uninsured for so long. I can tell you, Congress created a right to healthcare when it passed the Emergency Medical Treatment and Labor Act. I think President Clinton was the one who signed it into law. This said that anyone—whether they were a U.S. citizen or not—could come to an emergency room and receive all the care they needed, and if they could not pay, they would still receive care.

Whenever somebody says "My gosh, folks don't have a right to healthcare," I note that when I was in the emergency room at 2 o'clock in the morning, as long as those emergency door rooms were open, there were people coming through. They would have congestive heart failure, COPD, diabetes out of control, gunshot wounds, or vomiting blood. They could be schizophrenic or a drug overdose. As long as