

committees that are in charge of healthcare. It is so that it can get a hearing and members can discuss it and consider changes, and so that the public can understand what is in it. Any bill that is going to bypass our normal floor procedures and be voted on with only one party being heard and being on board should at least go through committee and have an open hearing process.

The Democrats introduced a bill to change our process in order to say exactly that any bill that gets the expedited, simple majority reconciliation process of passing the Senate has to at least go through committee and have a hearing.

I now ask my colleagues to agree to immediately consider that bill so that we can fix this process before this healthcare bill comes to the floor.

Mr. President, I ask unanimous consent that the Committee on the Budget be discharged from further consideration of S. 1376 and that the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Massachusetts.

UNANIMOUS CONSENT REQUESTS—H.R. 1628

Mr. MARKEY. Mr. President, last year, nearly 2,000 people in Massachusetts died from opioid overdoses. If the same number had died in America, it would have been 100,000 people. Thank God that because of the Affordable Care Act, many of those people received treatment who otherwise would have passed away last year. The number would have been a much larger number across our State and across the country. Because of the Affordable Care Act, the number was low, but that number was still much too high.

I want to be able to tell the people in Massachusetts what the impact of the Republican healthcare bill will be on their families in terms of getting access to the opioid addiction treatment they will need so that the number does not continue to go up but to go down. I want to be able to tell them what that coverage will be before I vote upon it, but the majority will just not let that happen. They are keeping the bill hidden. They do not plan to make it public until the very last minute, with our having less than a day to view it before we vote upon it. That will be catastrophic for those families who need opioid addiction treatment—absolutely catastrophic.

Mr. President, I ask unanimous consent that no motion to proceed to Calendar No. 120, H.R. 1628, the American Health Care Act, be in order until the bill has been the subject of executive session meetings in the Committee on Finance and the Committee on Health, Education, Labor, and Pensions, during which amendments from the majority and minority received votes and the bill has been reported favorably from the committees.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from New York.

Mrs. GILLIBRAND. Mr. President, I am very worried about people who have preexisting conditions. I have watched two of my best friends survive cancer this year. They have both had intensive treatments, surgeries, and chemotherapy. They both have young daughters. I cannot imagine how worried they are right now because they do not know what is in this healthcare bill, and they do not know whether or not they will actually be able to afford any insurance coverage. I am worried about millions of Americans who may not have access to affordable insurance under this bill because we have not read it.

Mr. President, I ask unanimous consent that it not be in order to proceed to Calendar No. 120, otherwise known as the American Health Care Act, until the full text of the bill is available to the public for review and comment for a minimum of 30 days—that is the same amount of time we give everyday regulations that come out of our agencies—because this bill could have such a negative effect on millions of Americans.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Massachusetts.

Ms. WARREN. Mr. President, I do not think we should vote on a bill that would touch every single human being in this country when one party is locked out of the debate—not able to read the bill and not able to discuss it and help make suggestions and changes. I think that families all across this country should be able to see this bill and be able to evaluate the impact on themselves and on their families.

I am here today, in part, because of a little boy named Nicholas, who was born way too early, who is 2 years old, and who just received a diagnosis of autism, in addition to his other medical challenges. Nicholas is a recipient of Medicaid. I talked to his mother today. She wants to know whether this bill is going to cut Nicholas' care and what this means for Nicholas and his future.

I think it is wrong for Republicans to push through a bill when Nicholas' mother cannot evaluate what the impact will be on her and on her child. So I believe we should post online any bill that is going to affect families like theirs.

Mr. President, for that reason, I ask unanimous consent that a substitute or perfecting substitute amendment be offered to Calendar No. 120, H.R. 1628, not be in order if the text of the amendment has not been filed at the desk and made available on a public website for at least 72 hours, along with an anal-

ysis by the Congressional Budget Office of the bill's budgetary, coverage, and cost implications.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Hawaii.

HEALTHCARE LEGISLATION

Mr. SCHATZ. Mr. President, we Democrats are here on the floor to take a stand against a bill that is a disaster for our Nation's healthcare—Medicaid patients, families with loved ones in nursing homes, people who struggle with opioid addiction, women who rely on Planned Parenthood, and people who work in the healthcare industry. We stand with them and for them tonight, but we also stand for the American public, who is being left in the dark about what TrumpCare will mean for them.

This is not the normal order of Senate business. The Republicans are going about this in a way that is so procedurally flawed that it is an embarrassment to democracy itself. They are hiding this bill. They are hiding this bill because people will be outraged when they find out what is in it.

That is why a Republican aide said that they are not releasing the bill—because “we aren’t stupid.” Think about what that statement means. First, it means that they have a bill. Second, it means that they think it is political suicide to make the bill public. So they are bypassing the normal and necessary process that is needed to make good legislation.

The way you make legislation is to allow the Sun to shine in, and that starts with hearings. Every legislative body in the country—from a school board to a county council—has hearings because we have figured out over the centuries—for all of our flaws—that you need hearings, not just to placate the masses but to figure out whether your legislation is any good or not.

Republicans have not held a single hearing on TrumpCare. No one who knows anything about healthcare is allowed to say anything about this bill because they are not even allowed to see it, but anyone who has ever tried to understand the American healthcare system knows that it is complicated. The President said so himself. You need expert testimony, public input, and time to talk to your home State. That is the way you get a good product, but Republicans have totally bypassed the two committees that exist in order to consider legislation like this.

Think about it. Under normal circumstances, this legislation would be in the Finance and HELP Committees' jurisdictions. There would be hearings, and there would be a markup, but that is not the process that is being used. There is no markup. There are no committee hearings. It is just 13 dudes, and they are rushing to pass a bill without

women, without Democrats, and without input from the American people. Here is the order of the people who get to see the healthcare bill: 13 men in secret, Republican lobbyists, POLITICO, Republicans, Democrats, and, then, the American people.

This is shameful. This is a violation of the way democracy itself should work. When they are done, the product will be the fruit from the poisonous tree. It will not be good because the process that will have produced it will have been so flawed.

There are many, many Americans who do not support this bill, and I am going to highlight just three groups who stand to lose.

First, you have people who are going to pay more for insurance, lose their insurance altogether, or lose the ability to choose their providers. Families will not be able to afford nursing home care for their loved ones or to pay the hospital bills for a parent after she has had a heart attack. Americans who have preexisting conditions will struggle to buy insurance because insurance companies will be able to charge more for conditions like diabetes or cancer or asthma. Women will be blocked from getting annual checkups or cancer screenings at their local Planned Parenthood clinics. All of these people stand to lose if the bill moves forward.

Second, you have people whose jobs may be at risk. Healthcare makes up about one-sixth of the American economy, and it does not exist in a vacuum. It is an industry that impacts millions of workers, and you can bet that those jobs will be affected by this bill. One study found that TrumpCare will take away nearly 1 million jobs by the year 2026. We are supposed to be helping American workers, not taking away their jobs or making it harder for them to get healthcare.

Finally, this bill hurts the working poor. These are the people who will struggle even more under TrumpCare, and I do not know why we would punish them. Why would we leave them with nowhere to turn? I know that millions of Americans feel the same way that I do. They care deeply about the poor, the vulnerable, and the sick among us, because they have made news in standing up for their neighbors.

One woman named Jessie went to a town hall to make her voice heard on TrumpCare, and I want to read what she said:

It is my understanding the ACA mandate requires everybody to have insurance because the healthy people pull up the sick people, right? And as a Christian, my whole philosophy on life is pull up the unfortunate. So the individual mandate, that's what it does. The healthy people pull up the sick. If we take those people and put them in high-risk insurance pools, they're costlier and there's less coverage for them. That's the way it's been in the past, and that's the way it will be again. So we are effectively punishing our sickest people.

Look, we may not agree on policy, but I hope we can agree on the process.

So what will it take? What will it take for this process to be restored and for TrumpCare to be considered in the way that it ought to be considered?

The answer is actually very straightforward. We need three Republicans. It only takes three Republicans, and you can be a person who hates the Affordable Care Act or has mixed feelings about the Affordable Care Act or anywhere in between. It only takes three Republicans in the U.S. Senate to restore the U.S. Senate itself—to restore the hearing process, to restore public confidence, and to restore bipartisanship.

All we need are three Republican Senators to say: I will not vote for anything if there hasn't been a public hearing. I will not vote for anything that is being jammed down Americans' throats. I will not vote for anything without being able to go back home and figure out how it will impact my State's hospitals.

This is not an unreasonable task. We are just asking for three Republicans to say: Let's be a Senate again. Let's restore order and transparency and do things the right way because that is the only way this bill will not be a total disaster.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. BOOKER. Mr. President, I am grateful for the recognition. I am grateful for my colleague from Hawaii and for my colleagues from across the country who are going to be coming to the floor tonight.

This is going to be a long evening because there are a lot of folks who are frustrated. There is frustration not just about the actual bill itself, a lot of this frustration right now is building because of the brokenness of this process. It is a process that is right now about secrecy. It is a process that has been conducted behind closed doors in back rooms. It is a process that is not reflective of our history, of our traditions, or of the many calls from both sides of the aisle, in my short time in the Senate, hearing echoes of a chorus from my colleagues on both sides of the aisle who talk about regular order, regular order, regular order.

Several of my colleagues and I earlier were asking for unanimous consent—trying to use the process of the Senate to bring about a better process—a process that would bring this legislation out into the light of day and create an opportunity reflective of the Affordable Care Act, where we would have people able to put input into this process. A debate would happen. Discussion would happen. Actually, we would come forward with a bill the American public would see go through the debates.

In fact, through the process, the very Constitutional Convention of this country—perhaps some of the biggest issues of humanity—were debated in an open forum. We have records of those discussions, records of those delibera-

tions. Everything from the representation that each State should have to issues as profound as slavery were right there, out in the open. Tonight, it is remarkable to me, it is almost tragic to me, to see a process that is so broken, a process that is so secretive, a process happening in back rooms—everything Americans dislike about politics of old—people working in secret on a bill they are going to try to force through Congress with no public input, no hearings, no meetings, no markups, no debate, no public accountability.

So there will be a lot of voices tonight speaking about the realities of this legislation. I am one of those folks. I came from a children's hospital this afternoon with parents and with children who suffered accidents—car accidents and more—telling me how they were relying on Medicaid. I think it is one of the most terrifying things that is about to happen because people look at the House bill—a bill our President even called mean—and they are fearing for their own communities, fearing for families like theirs.

I understand the substance of this bill should have many people afraid about what kind of country we are going to be when we look at the House version of the bill and see that it violates our common values and ideals as a nation—to give massive tax breaks worth hundreds and hundreds of thousands of dollars to the wealthiest and, at the same time, cut the social safety net to a degree we haven't seen in my lifetime. The substance of this is frightening, but the process, to me, violates the values I know so many of my colleagues hold and that any of us, watching this happen in an objective way, would criticize.

We know the starting place in the House. We know the details of that bill—23 million Americans losing health insurance, the gutting of Medicaid by \$800 billion, throwing one-sixth of our economy into crisis, but it is the process that is fundamentally at odds with the principles and the values of especially this body, the Senate. When I was running for this office, I had so many people come to me and say: This is the greatest deliberative body on the planet Earth—the Senate—which slows things down, the saucer that cools the tea as our ancestors said. This body has a history of grappling with issues. This process is so at odds with everything I believe about this body and how it is supposed to operate. The Senate is meant to be a place of powerful consideration of debate, of discussion.

Now, the history of this body and its debates and discussions is really interesting. The longest consecutive session in Senate history was a debate during the First World War about whether to arm merchant ships. That is the record. By the way, issues of war and peace I would hope would bring about substantive, deliberative debate, discussion, open air. This body is probably—in fact, the elder statesmen and

women in this body I have spoken to on both sides of the aisle, sometimes the most difficult decisions they have made are involving war and peace. What is interesting, if you look at the history of the body, the longest consecutive session debate was about war and whether to arm merchant ships in the First World War.

What was the second longest debate? The second longest consecutive session in Senate history was actually healthcare, or, more specifically, it was the healthcare debate in 2010 about the Affordable Care Act or so-called ObamaCare. In fact, here we are looking at a process that seems to be screaming something to the floor: No hearings, no markups, no committee sessions—screaming to the floor in the shadow of the second longest consecutive session of debate. That, to me, is a contrast that speaks volumes about the wrongness of this moment in history. Anyone objectively standing back would agree and concur that for something that is so deeply at the core of what our country is about—we literally founded this Nation because of life, liberty, and the pursuit of happiness—life. What more fundamental aspect of life is there?

A critical constituent part of that has to be how we preserve life, how we embolden life. What is the state of our healthcare? For this great, historic, deliberative body to be doing that without so much as a pause, with the brilliant minds on both sides of this aisle, with the thoughtful people on both sides of this aisle, people who have come through portals and processes where they expose themselves and their lives to public discussion, public debate—that is what a democracy is, and that is what this Republic was founded upon, not secrecy, not back rooms.

This body reflects the best of what democratic principles are. Now we are rushing something through that fundamentally affects life, and we are pushing it to the floor with an insult to our history, an insult to our values.

It has been said before, but I remind my colleagues that the Affordable Care Act had a lengthy process before that near recordbreaking consecutive days of session. The Senate's HELP Committee held 14 bipartisan roundtables, 13 bipartisan hearings, 20 bipartisan walkthroughs, and considered nearly 300 amendments. The Affordable Care Act actually accepted over 160 amendments—160 Republican amendments to shape the bill.

The Finance Committee held 17 roundtables, summits, and hearings; 13 bipartisan Member meetings and walkthroughs, 38 meetings and negotiations, and then a 7-day markup on the bill—the longest markup in over 20 years. That is our history. In the end, the Affordable Care Act went through a lengthy process, through which the policy experts, market experts, medical professionals, health nonprofits, insurers, hospitals, and families all

came to this Senate and put forward their input and their ideas.

This wasn't a Republican bill or a Democratic bill by the politicians themselves. America was invited to the table. Hours and hours of hearing records show that people—whether the bill ended up reflecting their ideas or not—had their say. That is what is beautiful about this democracy, is that the dignity and the voice and the opinions of others is brought into the process.

I was mayor of Newark during the time that this process was going on. People in my community were riveted by it. They knew that issues that would affect their lives were going on here in the U.S. Senate, at a time when the No. 1 reason for personal bankruptcy in my State was because people were declaring bankruptcy because of their healthcare bills—something that is not happening now at those levels.

People were caring and concerned about what was going on, and representatives from my community came down. I saw how that process shaped the bill. I saw how Republican ideas shaped the bill. I saw how hospitals and insurers and advocates and doctors and nonprofits, the AARP, and others let their voices be heard, shaped the process, had input, had voice, and their dignity and perspectives were respected.

Mr. MERKLEY. Mr. President, will my colleague yield for a moment? The majority leader has returned to the floor to hear a unanimous consent request—actually two of them—which we will make very brief and then yield back to the Senator from New Jersey.

Mr. BOOKER. I fully yield to the majority leader.

UNANIMOUS CONSENT REQUESTS—H.R. 1628

Mr. MERKLEY. Mr. President, this weekend, I was out doing townhalls in rural Oregon. I was in Klamath County and Lake County—counties that on any map would be described as solidly red. At my townhalls, people were turning out with one huge anxiety; that is, the healthcare bill that might be considered next week, with no consideration in committee, no consideration for amendments, no opportunity for experts to weigh in, and, most importantly, no opportunity for the citizens of America to weigh in.

So two veterans came up to me after one of the townhalls, at the Paisley Saloon, and they asked: Does DC understand the despair, the anxiety in rural Oregon over this healthcare bill plan? The answer, of course, at this point is no, but we hope the answer will be yes.

Then I was visiting a nursing home, and two different individuals I spoke to noted that virtually everyone on long-term care was there through Medicaid. They said: You know, if we lose Medicaid, we are out on the street. As one woman said: I will be out on the street, and I can't walk so that is a problem. Well, yes, it is a problem for folks on long-term care to be dumped onto the street.

That is why, at this moment, I am asking for our normal process for any

bill, any modest bill, but certainly a major bill to get thorough democratic consideration in this beautiful, "we the people," democratic Republic, and that means committee hearings, that means experts testifying, and that means input from citizens.

Mr. President, that is why I ask unanimous consent that no motion to proceed to Calendar No. 120, H.R. 1628, the American Health Care Act, be in order until the bill has been the subject of executive session meetings in the Committee on Finance and the Committee on Health, Education, Labor, and Pensions, during which amendments from the majority and the minority have the opportunity to be presented and considered, and the American people have the chance to weigh in, and the bill has been reported favorably from the committee.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Massachusetts.

Mr. MARKEY. Mr. President, when I was home in Massachusetts this weekend, I constantly had people coming up to me and asking me about the secret Republican healthcare bill—what is in it and how it is going to affect their families—because, to use Donald Trump's words, they are afraid that it is going to increase premiums, and that would be mean; that it is going to make it possible for insurers to deny coverage for preexisting conditions, and that would be mean; that it would create an age tax for older Americans, and that would be mean; that it would cut Medicaid coverage for grandma and grandpa to get a nursing home bed if they had Alzheimer's, and that would be mean.

So the question that kept coming to me all weekend was, is this secret bill really meant to cut all of the funding that goes for the poor, the sick, the elderly, and the disabled so they can give tax breaks to the wealthiest people in America? Can we get that out so people can see that?

They also said to me that they didn't want to be fooled, because their fear is that TrumpCare is as much a healthcare bill as Trump University was a college institution and that there really isn't any healthcare in it and that it is cruel, inhumane, and immoral.

So we are demanding that the Republicans show us the bill so the American people can see the bill and understand what is in it because the consequences for their family's health are so dramatic.

As a result, I ask unanimous consent that Calendar No. 120, H.R. 1628, the American Health Care Act, be referred jointly to the Committee on Finance and the Committee on Health, Education, Labor, and Pensions with instructions to report the bill with changes to eliminate provisions that, No. 1, increase health insurance costs;

No. 2, reduce coverage; No. 3, make healthcare less affordable for those with preexisting conditions; and No. 4, reduce tax liabilities for corporations and individuals with incomes over \$1 million.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from New Jersey.

Mr. BOOKER. Mr. President, I recognize my more senior Senator is here from Delaware, so I suspend at this time in deference to an opportunity for the senior Senator from Delaware to have a few words.

The PRESIDING OFFICER. The Senator from Delaware is recognized.

Mr. CARPER. Mr. President, I thank my friend for yielding. I take the train back and forth from time to time to my home State. I am going to try to get on a train later tonight to go home. Thank you for letting me have a few minutes.

HEALTHCARE LEGISLATION

Mr. President, I was elected to the Senate in 2000. I came here in 2001. Two days after I was elected, I called Tom Daschle, the Democratic leader in the Senate, and I said: I understand I need to explain my choice and preferences for committees to you.

He said: Yes. You should give me a letter today that tells me which committees you would like to be on.

I am not sure how they work it on the Republican side, but that is the way we did it here and, I presume, still do.

I said: My first three choices to be on committees would be—my first choice would be the Finance Committee, my second choice would be the Finance Committee, and my third choice would be the Finance Committee.

He said: You want to be on the Finance Committee, don't you?

I said: Yes, I do.

He said: So does everybody else. You have to get in line.

So I did. It took me 8 years. I got on some great committees in the interim, including the Banking Committee, Commerce, Environment and Public Works, Homeland Security, Governmental Affairs, and others as well, even Aging for a while. Eventually I got on the Finance Committee—in 2009. That was the year we had a new President, Barack Obama, and a new Vice President, Joe Biden. The hope from our new leaders was that we would do something Presidents since Harry Truman have wanted to do, and that was to provide healthcare coverage for just about everybody in our country. We weren't sure exactly how to go about it.

We did our homework and found that in 1993, when First Lady Hillary Clinton came up and worked on something called HillaryCare, the Republicans felt like they had to come up with an alternative, which was provided by the people at Heritage, a Republican think

tank. What they came up with had five components to it and was introduced as stand-alone legislation by John Chafee and cosponsored by ORRIN HATCH, CHUCK GRASSLEY, and I think about 20 other Republican Senators.

In the end, HillaryCare didn't go anywhere. The Chafee bill didn't go anywhere, but it lived on beyond 1993 and that Congress. When Mitt Romney was Governor of Massachusetts and was going to run for President, he took that 1993 legislation, which called for creating exchanges in every State and marketplaces and large purchasing pools where people who didn't have healthcare coverage could buy healthcare coverage in their State. The 1993 legislation had sliding-scale tax credits so people buying coverage on the exchanges could get a tax credit to help buy down the cost of their coverage. The idea was that folks whose incomes were low would get a bigger tax credit, and those whose incomes got larger and larger would eventually not qualify for anything at all. But there was a sliding-scale tax credit.

Another provision in the 1993 legislation Mitt Romney borrowed was the idea of having individual mandates so that people had to get coverage in Massachusetts, and if they didn't, they had to pay a fine. The idea was that we need for folks to get coverage. We need to make sure these exchanges—if they were going to have them in the State, that they wouldn't have people just sign up for coverage in the exchanges when they get sick and run up the tab a lot for the insurance companies. The insurance companies said they couldn't make money doing that. So in Massachusetts, they had the individual mandate.

They also had an employer mandate that employers with a certain number of employees had to provide coverage for their people. They didn't have to pay for it all, but they had to offer them coverage.

The last thing Governor Romney took from the 1993 legislation by Senator Chafee and others was the idea that insurance companies could not deny coverage to folks with preexisting conditions.

Mitt Romney thought those were pretty good ideas and made them sort of the centerpiece of what they called RomneyCare in Massachusetts, which became the law and ultimately extended coverage to a lot of people who didn't have it.

Initially, they didn't do a very good job on affordability. I am told by folks in Massachusetts that one of the reasons was that the fine associated with the individual mandate wasn't very big. Eventually it was scaled up, but it took a while to get to a point where young people said: I am paying this fine; I may as well get coverage and stop paying the fine and get something for my money.

RomneyCare ended up being pretty successful. He ran for President, and one of the linchpins he used is, look, we

have already done what Barack Obama wants to do. We are already providing healthcare coverage for people in my state.

In any event, in 2009 I ended up on the Finance Committee. We spent a huge amount of time in 2009 trying to figure out what this healthcare plan should look like that our new President and new Vice President wanted us to do. It looked a lot like what was offered in 1993, and it looked a lot like what was actually adopted and I think worked with relative success in Massachusetts.

We held a lot of hearings. I remember being on the Finance Committee. It seemed like for week after week after week, we had hearings, we had roundtables, we had discussions, we had meetings off the floor and on the floor to talk about whether it made sense. We went for an extended period of time where we had three Democrats and three Republicans on the committee who met endlessly to try to figure out what the reasonable compromises were that would enable us to extend coverage to everybody in an affordable kind of way.

We ended up having an extensive markup, voting, and debating the legislation in both the Finance Committee and the HELP Committee. People had the opportunity to offer amendments, a number of which were offered and adopted by Democrats and Republicans alike. I don't remember exactly, but I seem to recall that in the Health, Education, Labor, and Pensions Committee, something like 300 amendments may have been offered, 160 by Republicans that were adopted.

Long story short, we finally had a chance to finish the debate, and it became law.

I know our Republican friends don't feel like they had much of a chance to be involved, but my recollection is that there was a lot of involvement by both sides. I thought at times that the debate on this legislation would never end. It finally did, and we finally passed it on a close margin.

The reason I bring this up is that was my first year on the Finance Committee. I loved it. I was on there with Senator STABENOW and a number of others, and we were actually legislating. It was fun. It was challenging. We were trying to develop consensus. I want us to do that again.

As good as we think the Affordable Care Act is, I know it is not perfect. I think everybody in this Chamber knows it is not perfect. But the idea of preserving what needs to be preserved and fixing what needs to be fixed is what we ought to be about.

As smart as our Republican friends are, they can't do this by themselves, and as smart as we like to think we are, neither can we. In this case, we would be a lot better off doing this together. I know Senator SCHUMER has asked the Republican leader for us to meet later this week—maybe Thursday—in the Old Senate Chamber and just talk it over.