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.

John Kennedy used to say that we shouldn't be afraid to negotiate. He had a great quote about being afraid. He basically said we should never be afraid to negotiate or talk. I think that probably pertains to us today.

I thank the Senator from New Jersey for yielding his time to me to give me a chance to say something again to my Republican colleagues.

I was in Tanzania, Africa, a couple of years ago for an Aspen Institute seminar with Democrats and Republicans, House and Senate. I learned a lot about Africa. One of the things I learned was a great African proverb. A lot of people have heard it; I had never heard it before. It goes something like this: If you want to go fast, go alone. If you want to go far, go together. On something this important, we need to go together, and we will be glad we did.

The PRESIDING OFFICER. The Senator from California.

Ms. HARRIS. Mr. President, Senator CARPER talked about Tanzania. It reminds me of a greeting I have often heard from people who live in various African countries. When you meet someone for the first time, instead of what we would normally say—''Pleased to meet you''—the greeting is ''I see you.'' I see you. I think that really is part of our concern here: Do we see the people who will be impacted in the way they are actually living their lives, and do we understand, if we see them, that this bill will not be in their best interests?

Right now, for example, we know 13 Senators—all Republicans—are crafting a bill. This bill would restructure our Nation's entire healthcare system, which, when we add up what Americans spend on hospitals, doctors, prescription drugs, and all the rest, we understand it makes up one-sixth of our economy. It would affect the lives of everyone—our parents, grandparents, those who are in need of caregiving, our children struggling with asthma or opioid abuse, our spouses, who may be battling cancer.

What is equally distressing is that this bill is being written in secret. The chairman of the Finance Committee says he has not seen the bill. The Secretary of Health and Human Services says he has not seen the bill. The American people, the people we all represent, have certainly not seen the bill.

I think the American people deserve better. This bill is being written entirely along partisan lines without any attempt to bring Democrats on board, and the American people deserve better. This bill is being written and rushed through the Senate with hardly any time to debate the cost or the details of this proposal, and the American people deserve better.

I remember when our colleagues across the aisle said the Affordable Care Act was being rammed down the American people's throats in the middle of the night. The ACA, in fact, went through 106 public hearings. It incorporated more than 170 Republican amendments. The whole process took an entire year. But this healthcare plan involves no hearings, no bill text, and no transparency at all.

As Senators, we were sent here to represent the American people. We answer to the American people.

Why are my colleagues from across the aisle trying to put one over on the American people? I have met folks all across California and this country, and they see what is happening. They know that if this bill were as wonderful as its proponents would like us to believe, it would be out in the open.

The American people deserve greater transparency. Even though the authors of this proposal have tried to conceal the details of their plan, we know enough to know this bill would be nothing short of a disaster. We know because we have been told it is about 80 percent the same as the bill that was passed by the House—a bill so catastrophic that even the President of the United States who hailed its passage now calls it ''mean.''

We know it would throw 23 million Americans off their health insurance within a decade, including putting 4 to 5 million Californians at risk of losing coverage. We know it would raise costs for middle-class families and seniors. In every county of California, average monthly premium costs would go up while financial support to pay premiums would fall.

We know it would put Americans with preexisting conditions at risk and leave people who need maternity care or opioid treatment without coverage or force them to pay huge out-of-pocket costs. We know it would cut about $834 billion from Medicaid, which means less money for families to pay for nursing homes, to support children with special needs, or to treat substance abuse. We need the Affordable Care Act to be in place, in a way that we fix what is wrong, but we mend what is broken and not repeal it altogether.

I recently visited a really remarkable treatment clinic in Los Angeles. It is called the Martin Luther King Jr. Outpatient Center. Everyone from the doctors to the patients can tell you that when 4,600 Californians are dying every year from substance abuse and opioid overdoses, it is wrong and irrational to cut Medicaid.

It really makes you wonder why anyone would support this bill. How does this bill help real people with real challenges?

At a healthcare rally in Los Angeles in January, I met a woman named Tonia. Before the ACA, she had signed up for insurance just long enough to see a doctor, have a few tests done, and fill a prescription. Then she would realize she couldn't pay and couldn't afford to pay for the insurance beyond that. She said:

> It's the worst feeling in the world to have to tell your doctor—who is trying to make you well—that you cannot afford the treatment prescribed.

Tonia told me:

> Before the Affordable Care Act, living without health coverage was a nightmare in this country.

She went on to say:

> But that has all changed, and thanks to the ACA I can now see a doctor when I need to, monitor my condition, and stay healthy so that I can keep working and contribute to our nation's economy. If the Republicans in Congress repeal the law, I don't know what I will do.

I ask, How does the Republican healthcare plan help Tonia?

Another woman, Krista, told me:

> I am married with four children, one of whom is a 10-year-old type one diabetic. He requires daily active insulin management to stay alive—24 hours a day, 7 days a week.

She went on to say:

> Healthcare is not optional for us; even with health insurance, diabetes management is the type of thing that can bankrupt you. Without health insurance, I can't imagine. ACA is a huge relief for my family.

I ask, How does this bill help Krista and her family?

Then, there is Rhett, in Marin County. More than 7 years ago, he was diagnosed with leukemia. Rhett is 9 years old. He says:

> Cancer cells are the bad guys.

This is what he wrote me.

> For 3½ years I took chemo to get the bad guys out. I had more than one thousand doses of chemotherapy. . . . My parents had to tell my sister that I might die of cancer.

And then he went on to write:

> Thanks to my doctors and nurses, my family and friends, my church and my community, and the Affordable Care Act . . . now I'm Gone-with-the-Cancer. I have a pre-existing condition. Thanks to the Affordable Care Act, my parents don't worry about losing coverage.

A 9-year-old Rhett is showing us the way. How does this bill help Rhett?

I don't know the party affiliation of any of these folks. I don't know if they are Democrats. I don't know if they are Republicans. I don't know if they are Independents. I don't know if they are members of the Green Party. I am not asking them those questions. I am asking them: How are you doing? What is helping you? What do you need? How will this impact you?

I know I am one of two Senators whom they have. When it comes to their needs and their need to be represented in the U.S. Congress and their need to be heard and their need to be seen, party affiliation should not matter. What should matter are the needs of the American people.

Regardless of whom they vote for in a partisan election, I am certain of this. This healthcare plan that is being proposed by my colleagues from across the aisle will not solve their problems. It will only create more problems and potentially devastate people's lives.

To my colleagues I say, this shouldn't be a matter of supporting this bill automatically if you are a Republican or objecting just because you are a Democrat; this is about what is right and what is wrong.

If you know this bill is bad, stand up and stop it. Speak that truth. Now is not the time to keep quiet and hope nobody notices. Forget the politics. Forget partisan pressure and talk radio and primary ads. Instead, just listen to the voices of the American people, not just in California but in Nevada, in Arizona, in Ohio, in Alaska, in Maine, in Pennsylvania, in West Virginia because they have made themselves overwhelmingly clear. Only 20 percent of Americans support this bill.

A majority opposes it in every State in this country. It is the least popular piece of legislation in modern history. I am asking you to think about the American people. I am asking you to think about Tonia. Think about Krista. Think about Rhett living with leukemia since he was just 2½ years old, undergoing 2½-hour infusions every night with such incredible bravery.

Let the determination of Americans like Rhett bring us together—a 9-year-old boy who tells us, in his words: ''Don't repeal the Affordable Care Act, Improve it!'' We all agree, the ACA can be improved. It must be improved. It isn't perfect. I am ready to work with anyone who really wants to make it better.

Instead of playing politics, instead of playing politics with public health and people's lives, we can actually work together to strengthen our healthcare system.

In fact, I am proud to have recently cosponsored a bill with Senator DIANNE FEINSTEIN and a number of my Democratic colleagues. Our bill would make it safer and easier for middle-class Americans to buy insurance if they currently don't qualify for any help paying their premiums.

These are the kinds of solutions Democrats can get behind. These are the kinds of solutions that would help and not hurt the people we represent. We took an oath to represent all the people. I am asking every Member of this Chamber to think long and hard about the consequences of this bill. Think about the responsibility we have been entrusted with.

We owe it to the American people to tell the truth, not to hide it. We owe it to the American people to solve real problems, not to manufacture new ones. We owe it to the American people to do the job we were sent here to do.

I urge my colleagues to vote down this bill and stand up for the people we represent and serve.

I yield back.

The PRESIDING OFFICER. The Senator from Nevada.

Ms. CORTEZ MASTO. Mr. President, I rise to join my colleagues to speak out on the secret healthcare legislation that Republicans are attempting to jam through the Senate without any public review or consideration.

This is an insult to the American people. It is a shameful abdication of the role of a U.S. Senator to represent the concerns and priorities of the people of a State and country. We were elected to be a voice for the people of our individual States. What I am hearing loud and clear from my State is: Keep the Affordable Care Act. Do not repeal it. Keep it, and work together to improve it.

Like my colleagues, I wish to share the story of one of the many Nevadans who have contacted me to share their story about the ACA and why they so desperately want to avoid its repeal.

Jessica and her husband own a brewery in Reno, NV, and I was lucky enough to get to meet and speak with her in person when I was home last month touring the Community Health Alliance Center.

After meeting with her, I had the opportunity to sit and talk with so many incredible people—doctors, nurses, people who care about the very faces of women, men, and children we are talking about tonight. This is Jessica's letter to me, and this is what I would like to share with you, what she wrote to me.

Dear Senator Cortez Masto,

I am a resident of Nevada, a small business owner, and a mother. I am writing to express my views about the Affordable Care Act. The Affordable Care Act has had a tremendously positive effect on my life, and I would like to share my story with you.

The Affordable Care Act saved my small business.

When the Patient Protection and Affordable Care Act (ACA) was signed into law in 2010, and when it was upheld by the Supreme Court in 2012, my husband and I were in the planning stages of our small business. At the time, my family was provided health insurance through my corporate job. Knowing the ACA would take effect gave me the peace of mind to leave my job and become a full time small business owner. Today, our business, Under the Rose Brewing Company, is celebrating our 4th year in existence, and we are in the beginning stages of a large expansion, which will create many new jobs in Reno. This business would not have survived without my full-time dedication. I would not have been able to leave my corporate job without the ability to procure affordable healthcare for my family.

The Affordable Care Act allowed me to start my family in a healthy way.

As my husband and I prepared to sign up for our first year of health care with the ACA, we found out that I was pregnant. Prior to the ACA, health insurers were allowed to consider pregnancy a ''pre-existing condition.'' Instead of being denied coverage or charged higher premiums, I was able to receive appropriate and affordable care during my pregnancy through the ACA.

The Affordable Care Act saved my life and my baby's life.

30 weeks into my pregnancy, at a regular checkup with our midwife, my husband and I were advised to see a doctor. Since I didn't look sick or feel sick, we hesitated, but our midwife was positive it would be for the best. Our insurance through ACA allowed us to see the recommended OBGYN. Half way through our appointment he became very concerned and rushed me into the hospital. My son was born by emergency C-section a few hours later. Several doctors agreed that neither the baby nor myself would have survived a further 24 hours of pregnancy. Having health insurance through the ACA allowed my husband and I to seek treatment and care without having to worry about the affordability of following doctor's orders. This is the first time I could say that the ACA saved my life and the life of my beautiful baby boy.

The Affordable Care Act saved my baby's health [and provided us with health insurance].

Thus my son was born 9 weeks early and was admitted into the NICU. He stayed in the NICU for 32 days and was under constant doctor care. By the time he left the hospital, we had incurred well over 1 million dollars in total costs. The ACA allowed him to start his life without a cap on his total lifetime healthcare coverage. Prior to the ACA, many NICU babies reach their lifetime limits before even feeling the sunshine on their faces. I am eternally grateful for this provision of the ACA.

One week after bringing our beautiful baby boy home from our hospital's NICU, I found myself in need of emergency care for a second time. I suffered a postpartum stroke. I was taken to the emergency room and admitted to the hospital for the second time in 2 months. Again, the ACA allowed me to seek treatment and care without worrying about coverage.

The Affordable Care Act will save my son's healthcare. My son now has a medical issue with his growth. Should the ACA be repealed, amended, or replaced with something less inclusive, this issue will be considered a preexisting condition. The thought of my 18-month-old son being denied coverage, or potentially not being able to afford the healthcare offered to him, makes me sick to my stomach. Why would our lawmakers vote to take this away from him? I implore you to consider the great lengths the Affordable Care Act has gone to not only improve and save lives in my family, but families across the Great State of Nevada. I further implore you to consider the children currently covered and benefitting from the ACA as you contemplate your vote on this significant matter. I strongly urge you to defend this crucial legislation. Too many of your Nevadan constituents rely on this lifesaving, health-saving and financial-saving legislation.

Thank you for reading my story and considering my views. I am happy to speak directly with you.

Sincerely, [Jessica] and family.

Mr. President, I know Jessica's story is one of thousands. I hope my colleagues across the aisle think of Jesse and her family and the millions of Americans like her who have so much at stake while continuing to secretly rewrite our country's healthcare laws.

Thank you for listening.

I yield the floor.

The PRESIDING OFFICER (Mr. DAINES). The Senator from Michigan.

Ms. STABENOW. Mr. President, first, I want to thank the Senator from Nevada. We are so pleased that she is here and her voice is so strong for the citizens of Nevada and appreciate very much her comments this evening.

I am rising this evening to talk about an issue that affects every single person, every single family in Michigan and all across the Nation, and that is healthcare. I feel very confident that I can say that each one of the 48 members of the Democratic caucus—each and every one of us would love to be on this floor working with Republican colleagues across the aisle to lower the costs of prescription drugs, to lower the out-of-pocket costs of healthcare, to create more competition and more

insurance choices for people in the insurance pools than are there now—to basically fix the problems.

I am proud to be with colleagues tonight because we are not willing to support anything that unravels the healthcare system, raises costs, takes away healthcare for people, and, on top of that, gives a tax cut to the wealthiest Americans, insurance executives, and pharmaceutical companies with the dollars that are cut.

So here we are. The House has passed a bill that, in fact, raises costs, takes away healthcare, gives the tax cuts I talked about. Now we are in the Senate. The Republicans have a healthcare bill, but they will not let us see it.

I am the ranking Democrat on the Health Subcommittee of the Finance Committee. You would think someone would have reached out to have conversations with me and members of our subcommittee—members of our whole committee—but that has not happened. They are letting the Trump administration see it, but not the American public. They are letting K Street lobbyists see it. That is probably where I will get a copy first—through lobbyists—but not the American public, who will lose their healthcare and pay more.

If you have cancer and you are not going to be able to get coverage, if you are going to potentially be dropped or have preexisting conditions or get caps put on the number of cancer treatments you can receive, I believe you have a right to see this bill. If you have epilepsy and will lose your insurance, you have a right to see this bill. If you are a woman who will be charged more for insurance and be considered to have a preexisting condition just because you are a woman, you have a right to see this bill. If you are senior whose rates are going to go skyrocketing upward, you have a right to see this bill. But the sad fact is, Republicans don't think the American people have a right to know or to see this bill or to review it or to comment on it—to have a chance to give their opinion on it.

The difference in process couldn't be more clear between the way the Affordable Care Act was originally worked on for about 18 months and then passed and what is happening right now. In 2009, Republicans called for a fair, collaborative, and deliberative legislative process. I agree. In fact, we all agree.

From 2009 to 2010, the Senate Finance Committee held more than 53 hearings on health reform—hearings, open committee meetings, work sessions. As a new member of Finance at that time, I was involved in every single one of those, with hours and hours of listening, deliberating, people sharing their opinions, and debating. Counting the HELP Committee deliberations, there were 100 hearings and committee meetings before the bill was finalized and debated to be reported out of committee.

The Republicans have had no hearings—zero hearings. They have had no public meetings—zero public meetings.

During the Finance Committee markup, when we were working through and voting out the bill, we considered 135 amendments, often late into the night. The final Senate bill included 147 Republican amendments. In the end, we were trying to do everything we could to get bipartisan support, when it was clear that politically there was not a desire—even with 147 Republican amendments in the bill—to have a bipartisan healthcare bill.

Republicans will not even allow us to see the bill, let alone amend it. Our position is very clear. If there is no hearing, there is no vote. We need them to show us the bill.

There is, I think, a really good reason they will not show us the bill. They will not let us see it because it is a disaster for the American people. It is a disaster for the people in Michigan whom I represent.

From the House bill, we know that 14 million fewer people will be insured after the first year; 23 million fewer people will be insured after 10 years. This may change somewhat back and forth. We have no idea. But we know the general framework the Senate is working in is the same general framework as the House. We know that in 2026, according to the Congressional Budget Office, 51 million people under the age of 65 will be uninsured—no insurance.

We are told that premiums would go up 20 percent next year, and States would be allowed to opt out of key insurance laws that protect consumers. To really understand what that means—that means all of the decisions about your care go back to the insurance companies, not your doctor. Laws that protect people with preexisting conditions are gone. Rules that prevent women from being charged more are gone. Laws that prevent seniors from being charged more are gone. And the way it used to be is that if you got sick, the insurance company could decide to drop you. It was the insurance company that said how many cancer treatments you were able to receive or mental health visits, if any, you would receive. You always paid more than for physical health—the same with addiction.

This all goes away with what is being talked about here. In other words, costs are going to go up, and care is going to go down. To add insult to injury, all of this is going to go to tax cuts for multimillionaires and billionaires, to drug companies and insurance companies—while someone is losing nursing home care, cancer treatments, maternity care, and children will be unable to go to the doctor and parents forced to go back to using the emergency room.

I want to share with my colleagues what these changes would mean for people in Michigan. There are so many people I have talked to, so many stories I have heard. I received a letter from a woman named Amy who owns a small retail business in Michigan. She has health insurance through her husband's job—a small business owner. Amy has chronic myeloid leukemia. It is managed with a medication that costs $20,000 a month—not a year, a month. After her deductible and 10-percent copay, she said she quickly reaches the maximum out-of-pocket expense on her insurance each year. Amy wrote:

> Preexisting conditions, maximum out-of-pocket costs and lifetime cap costs are important to me. . . . [Without them] I could never afford my health care. Without the ACA, I could quickly bankrupt my family and still die. . . . Please consider my situation when deciding your vote on any changes to the ACA. I need your help. I want and need to stay alive and raise my children.

Healthcare reform allows Amy to stay on her husband's insurance plan and pay for the cancer treatments that are keeping her alive. The Republican plan would put people with preexisting conditions like cancer at the mercy of health insurance companies.

Here is another way the Republican plan would hurt American families. Thanks to the Medicaid expansion, 650,000 people are newly covered under what we call the Healthy Michigan Plan. The good news is, 97 percent of Michigan children can now go to the doctor. They don't have to wait and go to the emergency room. If they have a cold, their mom or dad can take them to a doctor. They can get preventive care, rather than waiting until something awful happens and going to the emergency room. What is the good news for the State of Michigan out of that? Michigan will end up, this year going into next year, with $432 million more in the treasury. Taxpayer dollars aren't going to have to be used on healthcare because the right thing was done—creating a way for children to see a doctor. What has happened? We have a 50-percent reduction on folks who don't have insurance going into the emergency room, and it saves money when you do that. The number of people treated has gone down 50 percent—the number of people treated without insurance.

The great thing about healthcare to understand is that if we ignore it, it doesn't mean people don't get sick, that they don't get cancer, that they don't need a nursing home or that their child doesn't get sick. If you just ignore it, the costs go up because people ultimately use the most expensive ways to get treated.

If you actually plan it out and do the right thing on the front end and people can see a doctor and they can get the checkups and the care they need and the treatments they need, you actually save money. That is the example of the State of Michigan.

The Republican plan would end the Medicaid expansion. Healthy Michigan would go away. One young man in Michigan only 19 years old shared his story of living with his single mom when he was diagnosed with testicular cancer. He was working, but his employer didn't offer health insurance. He

didn't have transportation to get to his appointments or treatments.

Thanks to Healthy Michigan, he got insurance and treatment at Munson Healthcare in Traverse City. He is now free from cancer, has a job with benefits, and is engaged to be married, and we wish him well. Healthy Michigan and the Medicaid expansion saved this young man's life.

The Republican plan would end the Healthy Michigan plan, ripping coverage from 650,000 people in Michigan, including cancer patients. And for what? And for what? To pay for tax breaks for drug companies and the ultrawealthy one more time. This means Michigan families will be unable to care for their loved ones when they need it most.

In January, I led a forum on Secretary Price's healthcare policies, and a woman came from Michigan to tell her story. Ann was diagnosed with multiple sclerosis when she was 40 years old, and she has very limited use of her arms and legs. We are so grateful that she made the trip to DC to share her story. Medicare and secondary insurance cover most of the cost of her medication, which costs an astonishing $75,000 a year. That is nearly her entire household income, including Social Security benefits.

Ann had been caring for her aging mom when her mom's dementia worsened. Ann didn't know where she would find the $6,000 a month for nursing home care. How many families are in that situation?

Fortunately, Ann's mom qualified for Medicaid. By the way, three out of five seniors in Michigan are able to get their nursing home care through Medicaid. Three out of five are getting nursing home care because of Medicaid, including Ann's mom.

This nursing home care paid for the final 3 years of her life. Here is what Ann said:

> It was only because of Medicaid that she was able to get the help that she needed at the end of her life. I don't know how I could have cared for my mother on top of managing my own care. My family would have lost our home and all our savings in trying to keep up with their bills.

Medicaid helped Ann care for her mom at the end of her life. This is a good thing.

Again, the Republican plan would cut Medicaid by $834 billion. That is the House plan coming over. We don't know how much would be cut here, but we know whatever will be cut will be used to pay for tax breaks for drug companies, insurance CEOs, millionaires, and billionaires. How does that reflect American values?

In conclusion, Republicans are hiding their bill because they know it is a bad deal for American families. It is a bad deal. The President of the United States called it ''mean.'' I agree with him. It is mean, and it is definitely a bad deal for the people I represent in Michigan. Costs go up and care goes down, all to cut taxes for millionaires and billionaires. We are better than this as a country. Our Nation is better than this.

It is time for Republicans to show us the bill so we can work on it together. Give us a chance. Give the American people a chance to have input, to say what they think before it is forced on them in a secret process that is rammed through this floor. It is time to move beyond partisanship to get something done for the American people.

Again, I know that the 48 Democratic Senators in this Chamber want to work on lowering the cost of prescription drugs, reducing out-of-pocket costs, helping small businesses that want to provide coverage for their employees, and making the healthcare system better.

Let's stop this bad bill and work together on behalf of the American people.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. MARKEY. Mr. President, when a Pope dies, the cardinals meet in secret to select the next Pope. A white cloud goes up in smoke. When the Senate Republicans meet in secret to craft a healthcare bill, coverage for the sick, the disabled, and the elderly is what goes up in smoke—all of that coverage. The only thing more secret than the Republican healthcare bill is Donald Trump's tax returns.

We might need ultimately to have a special counsel to go and to find out what is inside of that healthcare bill because right now the Democrats don't know, the American public doesn't know, and no one knows what is in that bill. While we may not have details on the Republicans' secretive proposal to repeal and replace the Affordable Care Act, we know that they are not completely rewriting the House-passed legislation that eviscerates the Medicaid Program and reduces coverage and increases costs for most Americans and for the individuals, the families, and the communities caught in an opioid crisis. This bill will be a complete calamity, and it is being done totally in secret.

Right now, the press is being stifled. The White House didn't even let reporters audiotape the press briefing today. Last week, the Senate Republicans tried to keep the press from asking questions of Senators in the hall. They don't want the press to know about this bill or to cover it.

But for families who need treatment for opioids, the Republicans want to take the money from substance use disorder coverage and care and use it to offset a $5.5 trillion tax cut for the healthy wealthy and for massive corporations. That would be cruel. It would be immoral. It would be inhumane. Like President Trump himself has said, it would be ''mean.''

We know the opioid epidemic knows no demographic, economic, or political boundaries. It has ruined the lives of men and women from Lexington, MA, to Lexington, KY. It is an equal opportunity destroyer. That is one of the reasons why, over the last year, combating the opioid epidemic has been a bipartisan issue.

Eleven months ago, this body passed and sent to the President's desk the Comprehensive Addiction and Recovery Act. Known as CARA, this bipartisan law strengthens the States' responses to the opioid crisis, and it passed the Senate 92 to 2.

Six months ago, the Senate passed the 21st Century Cures Act 94 to 5. This bill quickly became law and allocated $1 billion to States to provide much needed resources to help them address the opioid epidemic on the ground and in their communities.

Yet today Senate Republicans are singlehandedly attempting to betray that progress and to erase it from the history books. They are doing so by crafting in secret a bill to gut Medicaid and repeal the Affordable Care Act and replace it with a shell that hides a massive tax break for the wealthiest people in our country—people who do not need or deserve a tax break, especially if it is coming from the healthcare coverage of those people who are sickest, those people who are oldest, those people who are most disabled, those people who are most vulnerable to having an addiction to opioids and need treatment. It would be wrong to take their money for that healthcare coverage and give it as a tax break to the wealthiest billionaires in America, who already have enough money for their healthcare coverage.

This would be a death sentence to the 2.8 million Americans with substance use disorders, including 220,000 with an opioid use disorder at risk of losing their insurance coverage altogether in order to ensure that their family member can get treatment.

For those who do manage to get insurance coverage, TrumpCare will make it more expensive to get the treatment and the care they need. The Congressional Budget Office explicitly said that out-of-pocket spending on mental health and substance abuse services could increase by thousands of dollars per individual in any one given year. For a disease as critical as an opioid use disorder, any delay in treatment can be the difference between life and death, not to mention that, because TrumpCare reduces protections for people with preexisting conditions, even those with insurance may find out that the coverage they have won't work for them when they need it the most. Under the Republican proposal, a substance use disorder could be classified as a preexisting condition and, therefore, you couldn't get coverage for it.

The Congressional Budget Office also said that TrumpCare would slash Medicaid by $834 billion, permanently decapitating Medicaid. They say they are moving to a per capita system. Another way of saying that, if you are an

ordinary person, is decapitation of Medicaid for the families across our country who need it.

If this becomes law, there is no Narcan for Medicaid. Once it is cut by TrumpCare, it is dead.

Those devastating cuts would grind the progress we have made in expanding access to opioid treatment to a screeching halt and kick people currently in treatment to the curb. Medicaid spent $7 billion on substance use disorder treatment alone in 2014. That money facilitated access to care, access to recovery, and access to hope for millions of Americans. Medicaid can cover in-patient detox treatment, care coordination, access to naloxone.

Additionally, Medicaid pays for one-third of the medication-assisted treatments in the country, more than any other payer. In Massachusetts, Medicaid pays for nearly one-half of the medication-assisted treatment provided in the Commonwealth. So think about that. One half of the people who get medication-assisted treatment for opioid addiction will lose their coverage, and, then, the Republicans are going to take the money they save and give it to the wealthiest people in our country, who also need the same coverage, leaving them with the money needed for those who are the one-half who won't have it. What happens to those other individuals? It could be a death sentence without treatment.

Those of us from States hardest hit by the opioid epidemic hear time and again how Medicaid coverage of those services saves lives.

Dawn from Swansea, MA, shared the story of her son, who became addicted to opioids after experimenting with prescription pain pills from a family member. Through Medicaid, he was able to access medication-assisted treatment to help treat his substance use disorder. Dawn said:

> He has done very well with his recovery so far but I fear that without insurance coverage that will allow him to continue obtaining his medication and counseling . . . he may lose all that he has gained and fall back into the cycle of addiction. His medical insurance is literally his lifeline. Please don't abandon my son and others like him who need Medicaid assistance to continue their fight against addiction.

Instead of recognizing the importance of Medicaid for families like Dawn's across the country, Republicans are proposing to starve this lifesaving program from Federal funding through TrumpCare by cutting more than a quarter of its budget. Because that is not enough to fund the massive tax breaks that Republicans want for their donor friends, President Trump has proposed in his budget to cut the program by an additional $600 billion, leaving Medicaid a shell of its former self.

Although Republicans refer to the changes as capping the Medicaid Program, for Dawn's son, what that really means is they will decapitate his access to medication-assisted treatment, decapitate his ability to seek counseling, and decapitate the peace of mind Dawn receives in knowing her son is accessing the help he needs.

We also have to consider the Affordable Care Act's Prevention and Public Health Fund and its role in the opioid epidemic. It is the Federal Government's single largest investment in prevention.

Since 2010, Massachusetts has received more than $95 million through the prevention fund. Importantly for Massachusetts, nearly $4.5 million has been given to the preventive health services block grant that has helped the State respond to the heroin, prescription drug, and fentanyl drug crisis. Eliminating this fund will only hurt our ability to respond to the opioid and other drug epidemics popping up in every one of our communities.

We should not be building bridges to recovery with money that is stolen from those programs in order to be spent on a wall that is going to pretend to block the drugs from coming in from overseas. We should be building bridges to recovery, not walls to isolation.

Instead of more commissions, we need more commitments from the administration and congressional Republicans to not undo the progress we have made in preventing and treating substance abuse disorder. It is unfortunate that Republicans who touted our progress on opioid issues aren't standing up to the policies in TrumpCare that would negate their hard work. By supporting this, they are betraying the families and communities who have suffered from the relentless grip of substance use disorders. When discussing the opioid crisis, the only thing the GOP stands for right now is Gutting Overdose Prevention. That is the new GOP—Gutting Overdose Prevention.

While devastating, this isn't surprising for those of us who have been watching many congressional Republicans salivate over ways to annihilate Medicaid for decades. Republicans harbor an ancient animosity toward Medicaid. Raiding the Medicaid coffers achieves two of their goals: First, it kills a lifeline for more than 70 million low-income and working-class Americans. Second, it provides the GOP a piggybank to aid their donors and pay for these tax breaks for their friends. In fact, TrumpCare alone would provide the wealthiest individuals and national corporations with over $660 billion in tax breaks over 10 years. Included in this figure is the repeal of the health insurance tax, which gives a $145 billion tax break to insurance conglomerations and their CEOs. Millionaires will get a tax break of $50,000 a year—more than three times the income of most Medicaid beneficiaries—and the top 400 highest income earners would save $7 million in taxes annually. All of this comes at the expense of the 23 million Americans who will lose health insurance coverage under TrumpCare.

Don't let the GOP fool you—TrumpCare is not about creating health, it is about concentrating wealth in the hands of a small number of Americans. It is about making middle-class and working Americans pay for a tax break for people who need it least.

We can do better than this. We owe it to the families of the 33,000 Americans who died from an opioid overdose last year. The proposals under consideration with Republicans is going to only add to the tally of overdose deaths. We are hearing that Senate Republicans could create an opioid fund as a paltry attempt to appease those who have called out the cruelties in this bill. That extra funding would be crumbs. It would be like trading a full-body cast for a bandaid, like trading land for a couple of beads, like trading a Cadillac for a tricycle.

We will not be fooled. We know it took Republicans more than 1 year to agree to providing the funding for emergency opioid response in the CURES bill. One can only imagine how long it will take to get any money the Republicans are promoting as a consolation prize out to the communities who need it. We know that a vote for TrumpCare is a vote to perpetuate overdose deaths. Passing this bill will be just aiding and abetting one of public health's most wanted and most notorious serial killers.

Americans from both political parties are not fooled by President Trump's tax cut shell game on the backs of families and communities who have been ravaged by opioids. That is why Democrats will continue to be a public megaphone and shout from the rooftops that eviscerating Medicaid to give a tax cut to the healthy and wealthy is mean, inhumane, and immoral, and we are not going to stand for it, and the American people are not going to stand for it.

The best vote I ever cast in my political career of 41 years in Congress was for the Affordable Care Act. The second best vote I will ever cast is to block the repeal of the Affordable Care Act because of the good it has done for tens of millions of families in our country who otherwise would not have the coverage they need.

Mr. President, I yield back the remainder of my time.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, let me thank the Senator from Massachusetts for his very cogent and important remarks.

Let me just start off by asking the Chair, asking the leader of the Republican party, what are you afraid of? What are you afraid of? Health care constitutes one-sixth of the American economy. It impacts every man, woman, and child in our Nation. Yet we have 13 Republicans, all men, working behind closed doors to produce legislation that will be brought to the Senate at the last moment so the American people don't know the disaster that it is.

You know, what politics is about or should be about is, if you are proud of what you do, you tell the world about it. You explain to the American people and to your constituents why this is what you are proposing, this is how you voted, and this is why it is good for the people in your State and your country.

It should tell every American—whether you are a Democrat, a Republican, or an Independent, whether you are conservative or progressive, it should tell you something that major legislation is being written at this moment and that most Republicans don't have a clue as to what is in that legislation, let alone the Democrats, let alone average Americans.

So I say to the Republican leadership, what are you afraid of? Bring out that bill.

I am a member of the Health, Education, Labor, and Pensions Committee, the HELP Committee. The HELP Committee is supposed to be the committee that deals with health issues.

I see Senator MURRAY is here, the ranking member of that committee. She will concur with me that the HELP Committee has held zero hearings.

It is the HELP Committee. We have had not one hearing to ask members of the administration, people throughout this country, what the impact of this legislation will be on the children, on the elderly, on working families, on those who have chronic diseases, on ordinary Americans. What impact will this legislation have on the lives of 300-plus million people? We have not had one hearing, not one open discussion. I would think that every Republican would be embarrassed by this. I know many of them are embarrassed by it.

So before there is any vote on any health care legislation, we need to have a series of hearings to discuss the implications of what the legislation is about.

Mr. President, as I think you heard during the debate on the Affordable Care Act—and I am a member of that committee, and we had 47 bipartisan hearings, not only in the Health, Education, Labor, and Pensions Committee but also in the Finance Committee and other committees. There were roundtables and there were walkthroughs of the Affordable Care Act. There was consideration of more than 300 amendments. Some 150 amendments offered by Republicans were accepted.

In 2009 and 2010, the Finance Committee held 53 hearings, meetings, negotiations, and walkthroughs on the Affordable Care Act. That committee marked up the Affordable Care Act for 8 days. A markup means you accept amendments and you have debates on amendments. That was the longest markup in 22 years, and adopted during that process were over 10 Republican amendments.

When the bill was considered on the Senate floor, the Senate spent 25 consecutive days in session on health reform—the second longest session in history. Oddly enough and interestingly enough, many of my Republican colleagues, during that process—after 25 consecutive days on the Senate floor and after numerous hearings in the HELP Committee and in the Finance Committee, there were Senators who said that wasn't enough time. They said: This is such an important piece of legislation, and it is going to impact so many people. We need even more time.

Senator ENZI said that ''cutting off Senate debate and deliberation with a budget reconciliation process would shortchange legislation with enormous impact.''

Senator LAMAR ALEXANDER said:

> I don't think people are going to feel as good about a bill that restructures one-sixth of our economy, that affects every single American's health, and the healthcare bill is being written behind closed doors in the Democratic leader's office.

In other words, you had Republican leaders thinking that the hundreds and hundreds of hours of discussion and debate on the Affordable Care Act was not enough. I find it amazing that those same Republicans seem to think it is OK for legislation to be written behind closed doors and not have one single committee hearing.

Now the truth is, I can understand why Republicans do not want open discussion and open debate on this issue—because the bill they are working on, which is based on the disastrous bill passed in the House last month, is a bill that would do incalculable harm to people all over our country and really should not be considered as a healthcare bill.

How do you talk about a so-called healthcare bill when you are throwing 23 million people off of health insurance? When we talk about a healthcare bill, the assumption is that we are improving healthcare in America, not doing what the Republican House bill does—wants to throw 23 million Americans off of health insurance. Surely that is not improving healthcare for the American people.

Cutting Medicaid by over $800 billion—and God only knows what the implication of that will be for the children, for the elderly, for people who are in nursing homes.

You are not improving healthcare when you defund Planned Parenthood. After all the rhetoric about choice, choice, choice—we want the American people to be able to go to their provider of choice—oh, 2.5 million women who today get their healthcare through Planned Parenthood, I guess their choice doesn't matter.

We hear about the needs of working-class people. We had the candidate Donald Trump who talked about the needs of working-class people. The House Republican bill—and we think the Senate bill will be very close to it—substantially raises premiums for older workers. That is why, among other groups opposing the House bill, the AARP made the point that this would be a disaster for older workers.

The truth is, this is not a healthcare bill; this is a tax break for the rich and multinational corporations bill. This is a bill that would provide over $200 billion in tax breaks to the top 2 percent. This is a bill that would provide hundreds of billions of dollars in tax breaks to the drug companies and the insurance companies. Last information I received, the pharmaceutical corporations, the major drug companies, made over $50 billion in profit, but this legislation would throw Americans off of health insurance to give drug companies even more profit.

This legislation, the House bill—and, I think, similarly, the bill being worked on behind closed doors—is not only opposed by the AARP, which is the largest seniors group in America, but it is opposed by the American Cancer Society, the American Heart Association, the American Lung Association, the Cystic Fibrosis Foundation, the March of Dimes, the National Multiple Sclerosis Society, and the American Medical Association because the doctors know what a disaster this will be for healthcare for millions of Americans—also, by the American Nurses Association and the American Hospital Association. You have all of these groups that are the pillars of healthcare in America saying: No, no, this is a disastrous bill. Yet we have the Republican leadership and a dozen or so Members who are working behind closed doors.

Nobody here has suggested that the Affordable Care Act should not be improved. In my view, it should be improved. In my view, deductibles are too high, copayments are too high, and premiums are too high. Certainly, the fact that we are paying twice as much as any other country for prescription drugs has to be dealt with also.

The task right now, among sensible people, is to put it on the table and to be honest about it. What are the problems of the Affordable Care Act? How do we lower deductibles? How do we lower copayments? How do we control the escalating cost of healthcare?

Those are reasonable questions that honest people should debate, but the answer is not to throw 23 million Americans off of health insurance. That is not a solution to the problem. That is an insult to the American people.

Let me just conclude by stating this. Our job right now is to make sure that this disastrous Republican proposal never sees the light of day. I would urge my Democratic colleagues, on behalf of the American people—the vast majority of whom know how bad this legislation is—to stand up and fight in an unprecedented way to make sure that that legislation never sees the light of day.

After we win that struggle, I would hope that we would come forward as a nation and join every other major country on Earth, whether it is Canada—and I live 50 miles away from the

Canadian border—the United Kingdom, France, or Germany—and say that healthcare is a right of all people, not a privilege. If you are an American, you are entitled to healthcare. You should not be one of the 23 million people thrown off of healthcare, bringing the total of uninsured in America to over 50 million people. That is outrageous.

I think you are going to hear the American people stand up loudly and clearly and demand transparency and demand serious debate on an issue of this consequence. I think, at the end of the day, this legislation will be defeated.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, Democrats come to the floor this evening as a voice for the people we represent, to fight back against Republican plans to jam TrumpCare through this Senate, increase healthcare costs, and hurt families across the country. Republican leaders may hope that nobody pays attention. They can hope that they can go into these secret rooms and cut secret deals and come out with a TrumpCare bill that they can jam through before anybody notices.

We are not going to allow that to happen. We are here. We are going to fight back. I can only hope that just a few Republicans will decide to listen to their constituents, reverse course, and work with us to improve healthcare instead of standing with President Trump to destroy it.

I start by talking about a constituent of mine whose story I heard and whose voice and perspective should be a part of this debate.

Her name is Lisa. She is from Spokane, which is in my home State of Washington. Lisa served our country in the Navy for 6 years. She goes to school. She works part time, and she says she relies on Medicaid to afford the healthcare she needs. She is very worried that, if TrumpCare passes, she will not only suffer from cuts to Medicaid, but she will lose her coverage altogether because, like many Americans, she has a preexisting condition—asthma.

Lisa is not alone. There are millions of people just like her in Washington State and across this country, and each of them—every patient, every family—has a stake in this fight. They deserve to be a part of this debate, and they have a right to know how TrumpCare would impact them if it is signed into law.

That should not be a partisan sentiment. I have heard Republicans come to the floor time and again, demanding transparency, railing against secrecy, calling for hearings. One Republican Senator who is now the chairman of the Senate HELP Committee came here to the Senate floor back in 2009 to blast Democrats for writing an amendment ''in secret.'' He said: ''None of us on the Republican side knew what was in it,'' and he accused Democrats of trying to pass our bill ''before the American people find out what's in it.''

My friend, the chairman of the HELP Committee, is certainly not alone. Back then, the current Republican majority leader said: ''This massive piece of legislation that seeks to restructure one-sixth of our economy is being written behind closed doors, without input from anyone, in an effort to jam it past not only the Senate but the American people.''

That was not true back then. We held dozens of bipartisan hearings and meetings over months and months and months. But it is what Republicans are doing right now.

The chairman of the Senate HELP Committee, whom I respect and would never think would be a part of an effort like this, told me that he was not planning to hold a single hearing on TrumpCare. The chairman of the Senate Finance Committee, which is where a lot of work on this bill should be getting done, told my friend the Senator from Missouri that he was not going to hold a hearing either.

There are reports now that Republicans actually have the text of their bill—something is written and almost ready. Democrats do not get to see that bill. People across the country are being kept in the dark. Republican leaders are treating it like President Trump's tax returns and are not allowing it to see the light of day. It is absurd, and it is unprecedented.

We could be just days away from a massive bill being jammed through this Senate, and many Republican Senators are telling press and constituents that they could not even say what was in the bill if they wanted to because they have not seen it either. This bill is so secret that even President Trump's top health adviser, the Secretary of Health and Human Services, told us in a hearing last week that he has not seen how TrumpCare is being changed in the back rooms of the Senate.

Let me ask this. Why are Republican leaders so focused on keeping their TrumpCare work secret? Why are they keeping it locked down so tight and not letting people see what is even in it? What are they so ashamed of?

One Republican Senate aide was quoted as saying: ''We aren't stupid.'' In other words, Republicans know it would be ''stupid'' to put this bill in the public because they know that people across the country—the people they are supposed to represent—would hate it.

That explains a lot.

Republican leaders—those who are writing this TrumpCare bill in secret—know that they would not be able to go back home and defend it. They know that the more people who learn about what is actually in it and what the fine print might mean for them and their families the more people back home are going to rise up and fight back. So they want to keep it wrapped up tight, under lock and key—no hearings, no scrutiny, no public input. When they first announced their secret working group, not even any women were in it. Republican leaders are in their back rooms, desperately trying to cut those final deals, doing whatever they can to bully those last few Republicans into supporting something they know their constituents will hate.

We are here tonight to say that enough is enough. This has to end. Healthcare is too important, and TrumpCare would be too devastating to allow this kind of secrecy to continue.

We do not know exactly what is in the TrumpCare bill that is being written in secret, but—do you know what?—we have a pretty good idea. No matter how much lipstick they put on this pig, based on everything we have heard, this is going the same way that TrumpCare went in the House, and the impact on patients and families would be just as bad. There would be higher costs for families, especially seniors and people with preexisting conditions. Insurance companies would no longer be required to cover basic healthcare—things like maternity care or mental health services, and much more. Women would lose access to see their doctors and the care they need at Planned Parenthood, and millions of people across the country would see their Medicaid coverage taken away.

That means that, nationwide, people who are finally getting treatment for substance use disorders, like opioid addiction, or mental healthcare or access to a primary care doctor under Medicaid are going to lose that access.

This would be so devastating for families across the country. Over the past year, I have had so many families in my home State who have lost a loved one to the opioid crisis. In Bellingham, in Spokane—in community after community—the story is always the same. I have heard directly from people on the path to recovery, like Tyler in Yakima and Mechele in the Tri-Cities, who told me how getting treatment changed their lives for the better.

I could not imagine that any Senator would want to go home, look in his constituents' eyes, and tell them that he helped pass a bill that would take away the tools that those communities need to fight this crisis, but that is what my Republican colleagues are planning to do as we speak.

Let's remember that all of this damage would be done—why?—to give a massive tax break to special interests in the health industry and to hand President Trump a hollow political win. It is truly shameful and it needs to stop.

Last week, we learned that President Trump is now saying that the House bill is ''mean.'' That is, certainly, an understatement from a President who does not often do subtlety, and it is pretty surprising to hear after we all saw him celebrate the House bill at the White House when it passed.

Here is the truth: The House TrumpCare bill is not just mean; it is

devastating. The Senate TrumpCare bill is going to be just as bad, no matter how they try to spin it or how many side deals they cut to claim it has changed.

I have a message for Senate Republicans who are so ashamed of what is in this bill that they are keeping it secret: It is not too late to change course. It is not too late to bring this process out from the shadows. It is not too late to be honest with people across the country about what you are doing. It is not too late to listen to the voices of people like Lisa. It is not too late to abandon this plan to jam TrumpCare through Congress. If you do that, if you stop, Democrats stand ready, as we always have, to work with you to actually make healthcare more affordable and accessible for patients and families across the country.

People across the country are watching. They are paying attention to this. They are not going to allow Republicans to slip this through without any scrutiny, and we Democrats are here to say, loud and clear, that we are going to keep fighting to make sure they have a voice.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I am proud to join my colleagues tonight because this Nation stands at a precipice—on the verge of a tragic mistake, about to embark on a travesty that mocks the democratic process. Truly, the combination of secrecy and speed are a toxic recipe in our democracy. Secrecy and speed will bring us recklessly over the edge of that precipice to tragic mistakes that belie and betray the people of America and the values that we all share in this Chamber, because they are basic to the American way of life.

Healthcare is a right, and it should be recognized as a right. The goal of extensive and comprehensive insurance coverage has to be, ultimately, a goal that we share in common, but, right now, we are speeding secretly toward a betrayal of American values and even of our constitutional duties. I am deeply disappointed that the secrecy employed by my colleagues has brought us, recklessly and reprehensibly, to the verge of gutting the Affordable Care Act.

The absence of hearings before the committee, the absence of public debate, the absence of any text of a bill that can be debated and offered for public comment leaves us without the democratic bedrock principle of listening to the people of America and listening to the people who are most affected, who know the most—the experts and the patients. In fact, it is the patients who deserve to be heard here perhaps most of all. Yet my colleagues on the other side of the aisle seemingly will go to any length to suppress the cruelty that lies in their alleged healthcare bill. President Trump has called it mean, and that is an understatement. It is cruel beyond words and costly in lives and in dollars and cents because it will deepen and worsen healthcare issues that can be prevented and made curable or more palatable.

Let's be clear. This secrecy—a small group of men making decisions about our entire healthcare system, with no input from women, from Medicaid beneficiaries, from people with substance use disorders, from patients struggling with mental health illness, or struggling with any disease at all—is irresponsible and deadly and truly cruel and costly to our democracy.

The way these discussions have been done are a stain on this body and a slap in the face to every American who relies on us to make decisions that are in the best interests of their family as well as themselves. My colleagues seemingly would prefer to ram and rush a deeply flawed and unpopular bill through this body, ignoring the needs and will of the people they represent. That is a sad day in this Chamber.

We need public hearings, not for their own sake, not for our sake but for the individual recovering from substance use disorder thanks to Medicaid; for the mother of a little girl with a preexisting condition, terrified of how she will pay for her care and able to do so now because of the Affordable Care Act; for the woman who is at a Planned Parenthood clinic today receiving a mammogram and other cancer screenings and other preventive healthcare testing, as well as men, because of the coverage provided to them by Medicaid and the Affordable Care Act. Defunding Planned Parenthood, risking, again, preexisting conditions, eliminating the guarantee of essential health benefits, such as maternity care, is a war on women's healthcare and a disservice to our democracy done in secrecy.

My colleagues across the aisle may succeed in gutting our Nation's healthcare system, but the people who pay the highest price will be ordinary Americans, working men and women and their families who now have healthcare coverage to prevent more serious illness and who will now go without it.

Secrecy is the reason I convened an emergency field hearing on healthcare today in Connecticut, on very short notice—literally 24, 48 hours—and people came from across Connecticut at 9 a.m. on a Monday morning. My staff did yeoman's work putting together the logistics. The outpouring of anxiety and anger was remarkable, as was the eloquence and power of the insights offered by people about their own situations as well as about others whose interests they advocate. Many decided to stay and stand, even though the room afforded inadequate numbers of seats for everyone. It was standing room only, and they literally streamed out the door. The stories they told are worth hearing, and we have an obligation to listen to these Americans.

I told them I would personally bring their voices and their faces to this Chamber, to the floor of the U.S. Senate. In the coming days, that is exactly what I will do because people need to hear the story of a beautiful young woman who now is incapacitated because she suffered from an overdose after seeking treatment, and the effect on others similarly seeking treatment will be so dire and damaging if coverage for addiction treatment and abuse treatment is eliminated.

They need to hear the story of Sean, who similarly sought to overcome a substance abuse problem. They need to hear about individuals who would suffer from preexisting conditions. Those stories are what I will be recounting in the coming days, as I share word for word their fears, their anxiety and apprehension, and their worry for America about what will happen if the Affordable Care Act is repealed and gutted.

We must build on that act. We must improve its defects and make sure it is worthy of the great goals we share but not destroy it or decimate it, and building on it, acting constructively, coming together is what we owe the American people.

The folks who came today to the State capitol in Hartford at my emergency healthcare hearing recognized that if they fail to stand up for Planned Parenthood or mental health or those people with preexisting conditions or Medicaid or their loved one who is battling a dreadful disease, no one will.

I am so proud of them and the people of Connecticut who have spoken up and stood up for the Affordable Care Act, and I am proud to bring their voices to the U.S. Senate—literally bring their voices here, as I will do over the coming days, as I read into the RECORD and put in the RECORD their testimony. I will hold a second hearing, probably later this week, because we couldn't hear from everyone who came to speak out and stand up.

I hope my Republican colleagues will stop their denial, cease ignoring and disregarding those voices, and come to listen to them instead and recognize they cannot conceal the fact that the Affordable Care Act has helped our Nation's health.

Gutting it without any hearings or public debate is unconscionable and reprehensible. It is a move they will regret. I stand ready to build on the great strides made by the Affordable Care Act, and I hope my colleagues are ready to do the same.

If this Chamber proceeds down this reckless and reprehensible path of secrecy and speed toward repeal and gutting the Affordable Care Act, I promise to do everything in my power and use every tool at our disposal to stop this process. We cannot go about normal business in the U.S. Senate while so many back in our States demand that we fight, and we must fight.

I will stand with hundreds of thousands in Connecticut who will lose their insurance—more than 220,000. I

will stand with the people of Connecticut who will lose billions of dollars in investment in healthcare. I will stand with more than 20,000 people in Connecticut and 1 million around the country who will lose jobs. According to a study recently done by the Commonwealth Fund, job losses are inevitably the result, at some point in the future, of gutting this program. I will stand with the people of America and my colleagues who will resist—indeed, resist—this secrecy and speed that so disserves the values and betrays the ethos and traditions of this body.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, I come to the floor tonight to join my colleagues to raise concern about a proposed Senate healthcare bill that might move through the U.S. Senate, as my colleagues are pointing out, without a hearing, without attention to details, actually almost in secret. I guess it would be secret—if we didn't know exactly what was in the House bill, it would be even more secret. People have said it is probably going to be 80 percent of what is in the House bill.

I can tell you, I agree with President Trump. That was a mean bill. So if it is just 80 percent mean, I guarantee it is still going to be mean.

I say that because I have been at home listening to my constituents, and they do not appreciate it one bit. If you are Harborview Medical Center and you are a public hospital and you are going to cut $627 million out of their budget because of your cap on Medicaid and you are going to leave a regional hospital without resources, they are mad.

If you are talking about children's hospitals and they see children who are on Medicaid and they are not going to be able to see those children or get coverage, they are mad.

Just Saturday I was with veterans in Vancouver, WA. People don't understand, but veterans of the United States of America do not get all of their healthcare coverage through the VA. They get it with Medicaid at individual clinics for services. I have met several of these people in my State, and they have told me point-blank, without access to Medicaid, they would not get the benefits they need as veterans of our country.

I think it is mean to break our promise to veterans and not give them access to Medicaid. I think this whole discussion is basically the fact that we are trying to box with these guys on a proposal. If their proposal is so great, they should come to the Senate floor and just—don't even talk about the bill, talk about the principles.

I want to know, in the Republican proposal, what ideas do you have to lower costs, increase the quality of care, or improve access. Those are the milestones by which you should be debating healthcare.

Now, if your goal is to just cut Medicaid and cut people off Medicaid and cut their benefits so you can give tax breaks to the rich, OK, you might convince me that, yes, you have a proposal—because I think that is exactly what their proposal is—but if your proposal is about reducing costs, then come out here and debate it. Don't even tell me what is in the bill; just show up on the Senate floor and debate us and say: Here is our idea for reducing costs.

I will tell you what my idea of reducing costs is because I wrote it into the Affordable Care Act and some States are doing it and it was a good idea. It was called give the individual who doesn't work for a big employer the ability to negotiate with clout and be bundled up with other people. That is what they did for the working poor in New York. So 650,000 people in New York are now on something called the Basic Health Program. Why? Because they didn't work for an employer that could negotiate a big discount for them.

We asked, on our side of the aisle: Why would we let poor people just get thrown around in the market and not be able to drive a decent price? I call it the Costco model. So we said to them: We are going to let you be bundled up like the big employer is and you are going to be able to drive a decent price in the marketplace. That plan is giving a family, with $40,000 a year of income and four individuals in the family, a yearly annual premium of about $500 instead of $1,500 on the exchange.

So that is an idea. So come out here and discuss that or, if you want to tell me you have figured out a way to give better quality of care, I would love to hear that idea. I would love for you to come out and tell me how you are going to deliver better quality of care because I can tell you there are things in this bill that are about quality of care. They are about improving the way that organizations deliver care so they are rewarded for achieving better outcomes for patients.

The whole idea of accountable care organizations are that you put the patient at the center of the delivery system, and you reward them for doing a good job of delivering better outcomes. We have innovated. We have innovated in the Affordable Care Act. If you are talking about access, come out and tell us what proposal you have that is about increasing the access to healthcare. I would love to hear it because in the Affordable Care Act, we already did that too. We said: You know what. It is kind of crazy and expensive to think that everybody who ages, particularly in Medicaid, should spend time in a nursing home. Why? It is more expensive, and I don't think I have met one Washingtonian who told me they really wanted to go to a nursing home. They want to stay at home.

So we wrote into the Affordable Care Act incentives for States to change the delivery system, as we have done in the State of Washington, and deliver affordable care to people at home in their communities. By gosh, actually some States—Texas, Arizona, Indiana, other States—took us up on it. They said: What a great idea. We want to reduce costs.

So if that is such a great working aspect of the Affordable Care Act and you think it works and it increases access to care by giving people community-based care and reduces Medicaid costs, come out here and talk about it. Talk about what you want to do to put that program on steroids so more people in America can benefit from better access to care and not think they are going to spend their last days in a nursing home. That is what we should be debating. But we can't even see or hear or have a hearing about what this proposal is. Yet my colleagues can't even come out here and throw a concept on the table.

But the fact that you want to affect over 1 million veterans who have fought for our country and you are going to cut many of them off of the Medicaid care they deserve to have access to—that is a broken promise. It is just as broken a promise as what President Trump said. President Trump tweeted: I was the first and only GOP candidate to state that there will be no cuts to Social Security, Medicare, and Medicaid. So I am not surprised that he calls it a mean bill. But he should also own up that it cuts Medicaid.

We all have an office budget. I see my colleague from Virginia here. If we took our office budget and said: We are going to cut it and cap it, and next year it is going to be lower, and next year it is going to be lower, and next year—in perpetuity—that is what their idea is, it is to put a cap on Medicaid and cut it in perpetuity and basically cut it out of existence.

I don't know why they are beating up on Medicaid, because Medicaid has provided great stability to so many people in our country. It has lifted people out of poverty, provided healthcare, stabilized communities, and raised the economic standard of living in many communities in our country.

I received a letter from a superintendent from the Vancouver School District. He wrote to me about the devastating impacts that capping Medicaid would have on his students. He wrote:

> Our school-based Medicaid programs serve as a lifeline to children who can't access critical healthcare and services outside of their school.

He goes on to say:

> Restructuring Medicaid to a per capita cap system would undermine Vancouver Public Schools' ability to provide America's neediest children access to vital healthcare [insurance].

So why would we do this?

I met a veteran, Kristina, who is 46 years old and a full-time student. She suffers from chronic and disabling injuries and needs a high level of care. The care she gets from Medicaid helps her access the medication that manages her chronic care and keeps her going,

and she is working toward that degree. Why would we cut somebody like that—a veteran—off of Medicaid just because someone's idea over here is to cap and reduce Medicaid?

These stories are from all over the country, and people are wondering: Why would you take this level of investment in Medicaid out of our entire economic system? Why would you impact our school districts, our regional hospitals, our veterans, our Medicaid population? Why would you affect a community that has a large Medicaid base?

And that is the way they serve them. Our hospitals have told us: We have stabilized private insurance premiums because more of the population is covered and has access to Medicaid.

You rip that back, and we will be back to skyrocketing costs, with people in the emergency room, no access to care other than that facility, with impacts on everybody on private insurance and on Medicaid. It is just not a good idea.

So I ask my colleagues, come out here. Don't say you want a patient-centered healthcare delivery system, because we are all for that, and we actually put things in the Affordable Care Act that did that and are working. If you want to make that claim, come out here and say what it is that you don't like about the patient-centered delivery system that we are working on promoting, and how you want to change it. If you say your proposal increases access to Americans, let's hear it, if it is about better quality. But I don't hear any of that. I just hear a drumbeat by some people who want to be heartless and cut people who have access to healthcare, people who are less fortunate in our society, because they want to cut Medicaid.

The President promised he wasn't going to do that. I ask my colleagues to live up to that, and let's start talking about the substance that truly will increase access, lower costs, and give better care to our constituents and the people of the United States of America.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINE. Mr. President, I also rise to talk about the healthcare of every American. This is critically important to every person and every family in this country. It is critically important to every local, State, and Federal budget in this country. It is also critical to the economic productivity of our Nation.

In a purely partisan move, the House barely passed a bill that would take health insurance away from 23 million American people over the next 10 years, dramatically increase premiums to seniors, jeopardize coverage of people with preexisting conditions, and impose huge burdens on States.

One of the reasons the House bill was so bad—condemned even by President Trump, who labeled it ''mean''—was because it flowed from a bad process. The House held no hearings on the final bill. There was no meaningful testimony from patients or healthcare providers. They did not accept any amendments from Democrats. They rushed the bill through to vote before the Congressional Budget Office could score the bill. So no wonder. No wonder the House bill is opposed by the American Medical Association, the AARP, nurses, hospitals, patient organizations, Democratic and Republican Governors. Yet the Senate is poised to make exactly the same mistake—preparing a secret bill, with no testimony, no public scrutiny, no opportunity for meaningful amendments, no opportunity for Democrats to participate.

We have the opportunity to get this right, and we have the responsibility to get this right.

There are so many problems with the House bill. As a member of the HELP Committee, I went on Friday to the Culpeper Free Clinic about 75 miles from here to talk about the need for real improvement in our healthcare system, not a repeal that would hurt vulnerable people. At this clinic, which is celebrating its 25th year, I saw dedicated staffers and volunteers, and I talked to patients. I talked to them about how this organization has provided compassionate care to working people in this region of Northern Virginia who don't have health insurance.

The fact that Virginia has refused to expand Medicaid is one of the reasons the need for their care is so significant. Fully 70 percent of the free clinic patients in Virginia would be eligible for Medicaid if the State would just join the 35 other States that have expanded Medicaid.

What I heard at the Culpeper Free Clinic is that they are already bursting at the seams because we haven't expanded Medicaid.

If there are additional cuts to Medicaid, it would overwhelm the ability of the 60 free clinics in Virginia to provide compassionate care.

Just a few hours ago, earlier today, I went to Albemarle County near Charlottesville and had a roundtable session with educators, families, and children's advocates to highlight another key problem with the Republican approach. By dramatically cutting Medicaid, who is the most likely victim? Children. The most numerous victims of Medicaid cuts are children.

In Virginia and nationally, nearly 60 percent of the recipients of Medicaid are kids. Yet the President, through the TrumpCare bill and the President's submitted budget, proposes to cut Medicaid by $1.3 trillion over the next 10 years—$1.3 trillion over the next 10 years—and this deeply frightens parents, educators, and kids I talked to today.

I heard from parents of kids with cerebral palsy and autism, parents whose kids are receiving support through Medicaid to buy a wheelchair or get services so they can learn to adjust with autism. This will help them grow into adults who have a chance of living independently. These parents had heartbreaking stories, often telling me: I had no idea of the challenges of parenting a disabled child until I had one myself. They view Medicaid as absolutely critical to their children's educational and life success.

They talked about the current shortfalls in the Medicaid funding that leave their kids on waiting lists for services. One mom has been on a waiting list for a developmental disability waiver. I asked her what they told her about the waiting list, and this was her quote: ''They have told me my child will die before he is off the waiting list.'' And that is under the current program, before $1.3 trillion is cut out of it.

I heard from school administrators who talked about the importance of Medicaid funding for their programs that serve students and special ed teachers who are worried about the effect on their work if Medicaid is slashed.

Local superintendents and school board members talked about the difficult challenges of funding their school budget if Medicaid funding is cut. They posed it as a difficult choice. If the Feds cut $1.3 trillion out of Medicaid, do they reduce their funding for their students with disabilities, or do they take local funds away from other important programs to backstop those programs, or do they have to raise their own State and local taxes to make up for the Federal cuts?

I heard from child service advocates today who would see their program slashed if Medicaid is cut. Here is an example. Many of them serve court-involved young people—not kids charged with crime but kids who are in court because of difficult home lives and challenging situations with their parents or guardian, and they are in danger of being pushed into the foster care system or into institutions because of problems at home. Medicaid pays for support services to help stabilize their family lives. If these services are reduced and more children get institutionalized, how does that help anyone? How does it help these kids? How does it help society? How does it help our budget? It is much more expensive to put a child in a group home or an institution than to provide a few hours of Medicaid services in their home once a week.

The 60 percent of Virginia Medicaid recipients who are children and the parents and teachers and nurses and others who worry about them and help them don't see this as a partisan issue. It is fundamentally an issue of compassion. We will and should be judged by how we treat our children. Why slash funds that are used to help our kids? Is it really important to cut Medicaid by $1.3 trillion, hurting millions of children, so we can give a few adults a $900 billion tax cut?

I am on the Budget Committee. We had a hearing recently with OMB Director Mulvaney, within the last 2

weeks. Director Mulvaney tried to reassure us in his opening statement that the Medicaid cuts were really about doing people a favor—about doing people a favor. He testified: We are no longer going to measure compassion by the number of programs or the number of people on programs like Medicaid; we are going to measure compassion by the number of people we get off these programs and back in charge of their own lives.

I want to repeat that, from the President's chief budget official: We are going to measure compassion by the number of people we get off these programs and back in charge of their own lives. What a cruel thought. That reads like something a villain in a novel by Charles Dickens would say, but that is the philosophy of this administration and this effort. Will we now tell a kid who loses the wheelchair that is partly paid for by Medicaid ''You are now back in charge of your own life''? Will we tell a single mom whose child is receiving services to help with autism but now loses access to these services ''Guess what. You are back in charge of your own life''? Will we tell a teenager in a broken home whose Medicaid services are the only difference between staying in the community and being put in an institution ''Guess what. You are now back in charge of your own life''?

Since Medicaid also provides funding for our parents and grandparents who can no longer care for themselves and have to be cared for in nursing homes, will we go to those seniors who lose places in nursing homes and say ''Guess what. Now you are back in charge of your own life''?

Slashing Medicaid isn't about putting anyone back in charge of their own life. Medicaid enables kids to go to school and succeed. Medicaid enables disabled people to function well enough to go to work and pay taxes. Medicaid enables seniors to receive compassionate care when they can't care for themselves, and cutting Medicaid jeopardizes the ability of people to live with independence and dignity.

No, folks, let's not kid ourselves. This is not an effort to empower anyone. It is about casting them aside because they are too young or too old or too sick or too poor, and it is about giving a tax break to some people with the very funds we are taking away from the most vulnerable members of our society.

That is why I oppose this ''mean'' effort by the majority as a secretly crafted bill to repeal the ACA. We can improve healthcare if we work together. Let the Finance and the HELP Committees discuss any bill, hear from patients and providers, allow amendments and debates before rushing anything to a vote that would so cruelly affect the lives of millions and millions of people.

With that, Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, I get letters and emails every day from families begging me not to let Republicans in Congress tear up healthcare in this country. People aren't writing because they find themselves with a lot of extra time on their hands. They are not writing because they are professional activists or political organizers. They are not writing because they like writing letters and emails. They are writing because they are scared. They set aside all the other things they need to do in their day—the sink full of dishes, the load of laundry, the overflowing inbox—and they steal some time to write these letters.

They write these letters because they are terrified—terrified down to their bones that if they don't speak out, their family is going to lose their healthcare coverage, their children will be shut out from care, their elderly parents will lose the assistance they need to pay for nursing home care, their own insurance costs will be going up, and their financial security could be hanging by a thread.

A lot of people write letters and send emails, and a lot of people make calls too. Every week since the Republicans started their cruel effort to take away healthcare from tens of millions of people in this country, my office has been getting phone calls from worried constituents.

Last week, something changed. We went from our regular quota of calls about this terrible Republican healthcare bill to an avalanche of voice mails and phones ringing off the hook.

Since last week, I have gotten more than a thousand phone calls from people who are pleading with me to do whatever I can to stop Republicans who are going forward with their brutal plans. People are literally in tears on the phone. They are scared, and they are angry. They are calling because they know that 13 Senate Republicans—13 men—are locked away in a secret room, behind closed doors, writing a secret plan to trade their health insurance for tax cuts that will go to the wealthiest Americans in this country.

The bill the Republicans are negotiating behind closed doors isn't a healthcare bill. It is a tax cut for billionaires bill, and it is paid for by cutting healthcare for tens of millions of other Americans.

The Republican healthcare bill has $663 billion in tax cuts in it—$663 billion in tax cuts for the richest people in this country and for wealthy corporations, tax cuts that would blow a giant hole in the American budget.

The Republicans didn't let that slow them down. They kept their eye on the prize. For the Republicans, the most important thing about this healthcare bill is the tax cuts for the rich. They decided to cut Medicaid by $834 billion in the same bill so they can pay for their tax cuts.

This is a straight-up trade. The Senate Republicans say that Americans should cut health insurance for little babies or for seniors in nursing homes or for people getting treatment for opioid addiction—all so that millionaires and billionaires can get their tax cuts.

That is not a healthcare bill. That is a statement of values. And it says that tax cuts for a handful of millionaires and billionaires are more important than healthcare for millions of hard-working Americans and their families. There is only one word for what the Senate Republicans are doing with this bill—''shameful.'' It is shameful.

The Republicans negotiate in secret, behind closed doors. They refuse to let anyone see the bill. They will not tell anyone what is in it.

Senator MCCASKILL asked Chairman HATCH on the Finance Committee if he would hold a hearing on the bill, and he said no. Senator MURRAY asked Chairman ALEXANDER on the HELP Committee if he would hold a hearing on the bill, and he said no, no plans to do so—no, no hearings, no reviews, no public look at what the Republicans are up to.

What is going on here? I will tell you what is going on. Senate Republicans don't dare let the people back home see this bill. They don't dare let voters see this bill. Instead, they have decided to try to ram this bill through with no hearings, no public discussion, and get it signed into law.

They hope, once that is done, people will not see much point in learning about the details and holding Republicans accountable. They hope that if they can do a quick vote, everyone else will just give up.

I have news for Senate Republicans. That is not going to happen. Senate Republicans may not want to hear from families who are worried about losing their insurance coverage in the middle of a battle with breast cancer. They may not have time for stories about premature babies who need Medicaid so they can get lifesaving care. And maybe they don't want to hear about the grandparents with Alzheimer's who could get kicked out of nursing homes.

Senate Republicans may not want to hear from these people, but I have a message for these Senate Republicans. We don't care how long we have to stand up here. We don't care how many times you try to dodge the question about what is in your secret healthcare bill. Democrats are here to keep demanding that you show us this bill, and we are going to keep insisting that you account for its shameful contents.

I know you would prefer to take the phone off the hook so you don't have to hear it ring, and I know you would like to pretend that there aren't families in your State who would be hurt by this bill, but I am going to take some time to read you a handful of the letters I have been receiving about exactly what is at stake in this debate about healthcare. These families deserve to be heard.

A few months ago I received a letter from Jenny in Worthington, MA. She wrote to me about how she and her husband got good healthcare coverage through the Affordable Care Act and how Medicaid was there when they needed it most, when Jenny was diagnosed with breast cancer.

A few days after President Trump's inauguration, Jenny's son Liam wrote a letter to the President. Liam asked President Trump not to take away his mother's healthcare. I don't know if President Trump ever read that letter, but I am going to read it right now into the CONGRESSIONAL RECORD.

Dear President Trump,

My name is Liam Barry, and I am ten years old. My mother has been very ill. Thanks to the ACA, my mother has been able to have the care and medication she needs. If you repeal the ACA, my mother will not be able to get the care she needs. I know there are millions of kids in the same situation as me. Please think of them when you read this.

Sincerely,

Liam Barry

Thank you for speaking out, Liam. We are fighting for your mom, and we are fighting for you.

Kristine from Cambridge also wrote to me about her fight against cancer. She wrote:

I ask that you and fellow Senators PLEASE fight for the Affordable Care Act. I am a cancer survivor. When I was 28 years old, I got the news no one ever wants to hear, ''You have cancer.'' Luckily, for me, I had a job that had wonderful insurance, and I was able to get medication, surgeries, and treatment to win the fight—and to not go broke doing so.

However, I know many young people and old people and children who would not be here today if it was not for ACA. I know people who are still fighting their battles with cancer. They are frightened and losing hope, not because of cancer, but because they don't know whether they will be able to continue to get the treatments necessary to stay in the fight.

I am now 30 years old, and have my whole life in front of me. Because of what [President] Trump is proposing, I am now afraid that if I lose my job or if I wish to change jobs, I might not be able to get the necessary coverage, because I no longer qualify.

I really didn't think this is what I would be worried about two years ago after having been through 8 rounds of chemo, 20 rounds of radiation and surgery to clear me of this disease.

Please, I ask that you fight for us. Fight for those who are in the chemo chair right now, at this very moment, who are miserable, bald and bloated. Fight for the cancer warrior who is now crying with worry because she doesn't know, come a month from now, if she will be able to continue to receive the life-saving treatment she is entitled to!

That is why we are here tonight. We are fighting for you, Kristine. We are in this fight. Thank you for speaking out about your own fight against cancer and for others who are currently battling cancer and worried about the future of their healthcare.

I also heard from Sarah, who lives in Shrewsbury, MA, and who wrote to me about her concerns that the Republican healthcare bill would endanger coverage of birth control and access to services at Planned Parenthood. Sarah wrote to me this past weekend, while I was out dancing in the Boston Pride parade.

As I type this you are at Boston Pride, which I would have loved to be at to support my friends, but, due to my endometriosis pain, here I sit.

I am extremely concerned about the GOP plan to reduce or strip away insurance coverage for birth control. As a 21-year-old woman suffering from endometriosis, a very common disease among young women, I know firsthand that birth control does more than just prevent pregnancy—in fact, for many, it is the only treatment for them.

In 10 days I will be undergoing endometriosis surgery, and for the past 6 months since I've been diagnosed until the surgery, birth control was the only thing enabling me to stand up straight most days. Even while taking oral contraceptives, there were many days I was unable to get out of bed (today being one).

I am so lucky to have access to an amazing endo specialist at Brigham & Women's Hospital, and to have access to the medication and surgery that I need. But every time I groan about having to go to an appointment, I think about how many women are suffering from the same debilitating pain, but without the resources to overcome it. Many women rely on Planned Parenthood not just for abortions, but to provide them with the medicine that will enable them to stand up straight in spite of the pain they deal with every day. Endometriosis doesn't discriminate, and it cannot be cured, only treated. Until endometriosis becomes a prominent focus of medical research, which I feel it should be, we must protect the right to be treated for it, which means protecting insurance coverage of birth control, and protecting Planned Parenthood.

I know that you are a warrior for women's rights, and you are the patron saint of Planned Parenthood. I know these are issues you fight for, and I cannot even begin to thank you enough for all you have done thus far. I hope that by adding my voice and my personal story, I can fuel your fire and somehow be a small part in protecting my fellow females and my fellow endometriosis sufferers (1 in 10 women in the US).

Thank you for fighting for us. Thank you from the bottom of my heart.

Sarah, thank you for writing, and thank you for fighting. We are going to fight to save your coverage, and next year I expect to see you on the parade route at Pride.

I also heard from Dr. Hemal Sampat, who is a doctor at MGH in Boston. He wrote in with his personal story, and I want to read parts of his letter.

I actually grew up in a low-income family myself. My parents immigrated to the U.S. My mother is brilliant but only had a 7th grade education because my grandfather couldn't afford to send her to school. My father is college-educated, but struggled frequently with unemployment. My older brother has multiple disabilities. He's blind and brain-damaged from a stroke during childhood, epileptic, intellectually disabled, and has a transplanted kidney. I am fortunate enough to have been healthy my entire life.

For most of my life, my family was on Medicaid, as well as other forms of public assistance. . . . My brother, additionally, due to his kidney disease, got Medicare as well, but Medicaid was always his secondary insurance. He sees multiple different specialists and has done very well over these years.

In spite of us having multiple financial struggles, we never had to worry about his healthcare being paid for. His transplant from childhood lasted 19 years, and then about 10 years ago he was transplanted again and has done well with that.

My parents still live in the same house I grew up in, in Maryland. Right now, they're cared for by Medicare and Medicaid. My brother lives with them, receives SSI, and his health needs are met by Medicare and Medicaid. Although none of his chronic medical conditions can be cured, they are all well taken care of.

In the meantime, I grew up healthy, was able to attend Georgetown through need-based financial aid, was able to get into medical school at the University of Maryland and pay for it using Federal student loans (which I'm repaying through the Public Service Loan Forgiveness program), got into a dual-specialty residency of Internal Medicine and Pediatrics at Penn State, and am now working at Harvard and MGH.

My family's story goes to show that Medicaid is about helping families that struggle, about helping children with complex medical needs, and about how providing for the good health of a family can achieve positive outcomes for the long-term future.

Today, Dr. Sampat works at Harvard at MGH. He makes sure his patients on Medicaid get excellent care. He told me about one of his patients who came in to urgent care in Chelsea. This little girl wasn't even 2 years old yet and was wheezing and had a fever. Here is what the doctor said:

This child and her mother were on Medicaid through MassHealth. [As] I asked questions, I found out more about this mother. She was working two to three jobs in order to make ends meet. Her daughter was in daycare during the day and then [the] grandmother took care of [the little girl] most evenings. This mom took care of her daughter on the rare days she had off and clearly loved and cared for her daughter.

This young girl's wheezing was probably some of the earliest signs of what will become asthma. [Her] mom has asthma, too, and it runs in their family. Asthma is a completely controllable illness with medication, but it requires monitoring by a doctor and access to medication. Because the child has Medicaid, I feel much more confident that, in spite of how much the mother is struggling financially, the child has a good shot at growing up healthy. Without Medicaid, this child could live a life in poor health from a treatable condition.

These are some of the people the Senate Republicans want to kick to the curb so they can deliver a big tax cut for millionaires and billionaires—a 10-year-old kid with a sick mom, a cancer survivor, a woman with endometriosis, a boy kept healthy by Medicaid so he could grow up to become a doctor at one of the best hospitals in this country and help a little girl with asthma.

Senate Republicans are willing to tear away health insurance from these families to deliver tax cuts for their buddies, but we are not going to let that happen. We can't let that happen. You are fighting back, we are fighting back, and we will keep right on fighting.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I will start tonight with one of the questions

that we have, and this will be a procedural question. I want to alert the Chair, I am going to pose this question initially before I make my remarks about the debate we are having on healthcare.

Is the Chair able to confirm that the Committee on Finance considered S. 1796, the America's Healthy Future Act, which was ultimately incorporated into H.R. 3590, the Patient Protection and Affordable Care Act, in executive session on eight separate calendar days prior to reporting the bill favorably?

The PRESIDING OFFICER. The Secretary of the Senate's office, through the Senate Library, confirms that.

Mr. CASEY. Thank you.

Mr. President, I rise tonight to provide some context about what is at stake for children in the United States with regard to the debate we are having on healthcare and, in particular, what would happen—some of the adverse impacts on children with disabilities.

I will start with the broad view, but I think it is important to frame our discussions. Sometimes our debate on healthcare comes down to a discussion of big numbers. How many people will be impacted? For example, the Congressional Budget Office told us that 23 million people would lose their healthcare coverage over the course of a decade if the House bill were to become law. So healthcare coverage would be ripped away from 23 million people or we hear about the impact on the deficit one way or the other or we hear about broad numbers. Probably the best way to think about the impact of these policies is, if the House bill were to become law or some version of it because of what a few Senate Republicans are working on right now—maybe the better way to think about it is in terms of a couple of individuals, children.

I will give you two examples for now. Angelica and Rowan—two different children, two different stories. We received a letter in the last couple—I am sorry. Angelica is the parent. I should have said Amaya. Amaya is the child whom her mom wrote to us about. Her mom is Angelica.

She wrote to us and said:

> I am writing to you because I am appalled by all that is happening to this country. I have an amazing story about my daughter Amaya. She was basically born with no bones and she received a miracle drug that regrew her bones. She will have to take this medicine for the rest of her life but the fact that she is doing so amazing has to do with all the help that she received from Medicaid. She is the youngest patient in the U.S. to take the drug. I don't only want to talk about her but I am concerned about the future of our party. Looking forward to hearing from you.

So said Angelica. Then, later on, she talks about what happened in her case to her child. She says she decided with a counselor to check with the Allegheny County officials about whether or not Medicaid expansion would cover Amaya's treatment. She said they made an inquiry. She said by the next day, ''Someone from the State had called me, and later that week her treatment was approved. Thanks to the Medicaid expansion, my daughter receives her lifesaving treatment.''

So I make that reference to one letter about one child, Amaya. Then, of course, there are so many other letters. I will just highlight one I received months ago now from Pam Simpson. She is from Coatesville, PA—Southeastern Pennsylvania just outside the city of Philadelphia. Now you are talking about Rowan in Southeastern Pennsylvania and Amaya in Southwestern Pennsylvania, two corners of the State—two children facing challenges that most of us can't even imagine.

In this case, Pam Simpson wrote to me about her son Rowan and talked about his life before a diagnosis of autism and before he was getting the help he is getting now. Pam talked about all of the challenges she and families like her face. She talked about the fact that he was having all kinds of difficulties, but then they finally got the word that Rowan would be covered by Medical Assistance. That is the Pennsylvania version of Medicaid at the State level. She said she applied in January of 2016. After Pam got the word that Rowan would be enrolled, she said:

> We were able to obtain wraparound services, which included a behavioral specialist consultant—so-called BSC—and a therapeutic staff support worker. The wraparound services have been a godsend—

Referring to the services provided to her son Rowan. Then she goes on later in the letter and says:

> Without Medicaid, I am confident I could not work full time to support our family. We would be bankrupt or my son would go without the therapies he sincerely needs.

Here is how Pam concludes her letter:

> Please think of my dear Rowan and his happy face, his big blue eyes, and his lovely strawberry blonde hair. Please think of me and my husband, working every day to support our family, and please think of my 9-month-old daughter Luna.

I will stop there just to explain. She is talking about Rowan, who is a couple of years older. The reference here is to his younger sister Luna.

> Please think of my 9-month-old daughter Luna who smiles and laughs at her brother daily. She will have to care for Rowan later in her life when we are gone. Overall, we are desperately in need of Rowan's Medical Assistance and would be devastated if we lost these benefits.

That is what Pam Simpson wrote to me months ago. After referring to her story and Rowan's story over the last couple of months, I finally had the chance to meet her and to meet Rowan and his dad and his sister Luna. So I met this family—four people in a family. I met them on Friday. It is one thing to read about it and to get a sense of what a family is up against every day, and it is another thing to meet them. Right now, the Simpson family has what they need for Rowan. That doesn't mean they don't have challenges. It doesn't mean it will not be difficult in the years ahead, but they have the benefit of Medicaid right now—Medical Assistance, as we call it in Pennsylvania.

Rowan now, because he has autism, has the benefit of those behavioral specialists and Medical Assistance. There was a person with them the day I met them, to work with Rowan every day so the parents can work and have the peace of mind to know they can go to work, and they can raise their family with the benefit of the kind of healthcare every child should have. Some might say: You know what. If the Republicans get their way on this bill, maybe the Medicaid provisions will not apply to Rowan. Maybe he will be protected or maybe in Allegheny County, maybe Amaya will be protected. Maybe it will not reach that far. Maybe when the Congressional Budget Office—I will read directly from page 17 of the report by the Congressional Budget Office analyzing the House bill when it says: Medicaid enrollment would be lower throughout the coming decade, culminating in 14 million fewer Medicaid enrollees by 2026, a reduction of 17 percent relative to the number under current law. That is what the Congressional Budget Office says about the impact of the House bill on Medicaid—14 million people lose their Medicaid.

Some might say: Let's assume for purposes of this argument that those two children we just spoke about might be protected from those cuts. We don't know that, of course, and they can't guarantee that because what they are doing when they go at these Medicaid provisions is taking away the guarantee that has been there for 50 years and, over time, eliminating the Medicaid expansion. That is what we expect to happen. That is certainly what the House bill did.

Let's assume for the sake of argument that they could come in here and make an ironclad guarantee that those two children, Rowan and Amaya, won't be affected. You know what. That is not good enough. That is not good enough because there are a lot of other children who will be affected, children who might have a disability.

Sixty percent of children with disabilities are enrolled in Medicaid. We know that. We know that millions of other children who come from low-income families get the benefit of Medicaid. We know that a lot of seniors depend upon Medicaid to get into a nursing home. But no family who has a child with disabilities who benefits from Medicaid should have to worry for 15 minutes about what would happen in this Chamber—because a small group of Republican Senators are meeting in secret, and they are supposed to produce a bill that we are all supposed to consider in a short timeframe—no product of that secret process should in any way give any parent who has a

child with a disability any concern at all that that benefit will be taken away. That is not who we are as a country. We are America. We take care of people who need those kinds of services, that kind of benefit.

So if a child like Rowan, who is receiving the benefits of Medicaid today because of his disability—if a child like that is receiving those services today, we should guarantee that he will receive those benefits for as long as he needs those benefits. Even if it goes the length and breadth of his life, we should guarantee that, take it off the table so that family doesn't have to worry.

That, I hope, would be the result of this process undertaken by a small group of Republican Senators. I have been waiting to hear that, waiting to hear whether they will guarantee that to that child, to give that family some peace of mind with all the challenges they have, even with Medicaid, even with the great support they get. It is not easy. It is a very difficult life many families lead when they have a child with a disability. But we should do everything we can to make sure that if a child with a disability—just one category of people who benefit—any child with a disability who gets the benefit of Medicaid should have that protection for as long as they need it. And I will be waiting to hear that from our colleagues when they finally emerge from this secretive process with the bill. So I hope that is what they are working on in their meetings because we know that it affects a lot of children.

As I said before, Medicaid covers 60 percent of all children with disabilities, ranging from autism, like Rowan, to traumatic brain injuries. We know that children on Medicaid receive what many consider the gold standard for children's healthcare—early and periodic screening, diagnostic and treatment options, so-called EPSTD—so they can get the screenings they need, so they can get preventive healthcare when they need it.

All of these protections should be not just a goal, they should be guaranteed for those children. I am hoping our friends who are working on this right now will consider Rowan and Amaya and children like them.

We will come back to it later. We will have other stories to tell about children and what they are up against. But on a night like tonight, I am thinking of those children and worried about some of the headlines we are seeing on some analysis.

I will wrap up with this: The Center for American Progress report dated May of 2017 is titled ''Cuts to Medicaid Would Harm Young Children With Disabilities.'' That is one report. Another report is from the Center on Budget and Policy Priorities, May 18, 2017: ''Medicaid Cuts in House ACA Repeal Bill Will Limit Availability of Home- and Community-Based Services.'' That is another headline. We won't get into the details of those reports now.

We have a lot to work on here to make sure that nothing that happens in this process will rip away healthcare from children with disabilities.

I yield the floor.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from Oregon.

Mr. MERKELY. Mr. President, I commend my colleague from Pennsylvania, who is putting forth a powerful message about our values, and that is that every child in America should have access to healthcare, and no one in this Chamber should vote in a process or for a bill that eviscerates that coverage. In fact, our value is that no one in America, including our adults, including our older Americans, including our seniors, and including our children for sure—everyone should have access to affordable healthcare and never have the stress of being worried that if their loved one gets sick, they might not receive the care they need. They should never have the stress of concern that their family member might go bankrupt because they need medical care. It is that value which we are here tonight fighting for, and it is that value which the Republican bill will destroy, ripping healthcare away from millions of Americans. So we come here tonight with a battle cry, and that cry is: No hearing, no vote. No hearing, no vote.

We are a democratic republic. We are a legislative Chamber. Have Members of this Chamber forgotten that we are a ''we the people'' form of government where the people are in charge? The people are not in charge if a secret 13 group of Senators is hiding in the basement crafting a bill to rip healthcare away from millions of people. The people are not in charge if they are afraid to show their bill to everyday Americans. They are not in charge if they are planning to destroy healthcare so those with preexisting conditions can't gain access to care.

Never have we seen a group in the majority so against the fundamental principles of our democratic Republic, so against the ''we the people'' vision of our Constitution, and that is why we are calling on them to stop, rethink, remember, absorb the values embedded in our beautiful ''we the people'' Constitution. They want no public disclosure—fear of how the public will respond. They want no committee hearings—fear of how the people in America will respond. They want no committee amendments because that will take time in which the people can see what is going on and respond. And they want no substantial floor consideration in order to shove this through so they can go and celebrate the Fourth of July with their constituents, while having eviscerated the Constitution of the United States in the process of attending that Fourth of July gathering.

This has been called the vampire bill, the Republican vampire bill. Why? Because the writers of it, the secret 13 writers, are afraid for the bill to see the light of day. It is hiding in the darkness. And it is called the vampire bill because its general intent is to suck the life out of the healthcare system for struggling families, suck the life out of the healthcare system for working families and for middle-class families.

This is quite different from the consideration when we created the system that we have now back in 2009. In that year, in the HELP Committee—Health, Education, Labor, and Pensions Committee—there were 47 hearings, roundtables, and walkthroughs, a markup that went for more than a month—the longest markup in that committee in the history of the United States of America; a markup that considered over 300 amendments; a markup with, in fact, a group of Senators, bipartisan, sitting around the table with the television cameras rolling while they debated those amendments and voted on those amendments. And in that committee, they accepted or approved by vote more than 100 minority amendments.

Then there is the Finance Committee, which held 53 hearings and roundtables. In fact, the minutes of the roundtable are available, and if you want to print them out and read them, they go for 800 pages—just the roundtable minutes. And then they had their own Finance Committee markup, where they considered 135 amendments. Then the bill came to the floor in December 2009, and there was 25 days of debate on the floor.

Let's compare that to the plan of the majority leader and the secret 13. Well, how many hearings do they want? They want zero in the HELP Committee. How many hearings do they want in the Finance Committee? They want zero. How many Democratic amendments do they want to consider—or Republican amendments—in the HELP or Finance Committee? The answer is zero. How much floor time do they want to have? They want to have just 1 day—just 1 day. They want to introduce it as an amendment to the House TrumpCare bill and pass it on the same day. And how many days do they want experts to be able to weigh in on a healthcare system? Zero. But here is the most important zero of all: How much time do they want for the American citizens to be able to see this bill and respond to this bill? They want zero time. That is completely against all the premises of our responsibility as legislators. It is against all the fundamental visions of a body that will deliberate and debate and take into account the opinions of the people and the insights of the experts.

Well, we can turn the clock back not so long ago to the majority leader, who said: ''Fast-tracking a major legislative overhaul such as healthcare reform . . . without the benefit of a full and transparent debate does a disservice to the American people.'' That was Majority Leader MITCH MCCONNELL speaking not so long ago. What happened to that value? That was being said when we had 25 days of debate here

on the floor; when we had over 100 minority amendments—that is, Republican amendments—accepted; when we had a lengthy debate in the Finance Committee and a lengthy debate in the HELP Committee, but the majority leader wanted more time. Here he is today leading the effort to have zero input from the American public, zero input from healthcare experts, zero committee deliberation, zero bipartisan discussion of the pros and cons.

Well, we can turn to PAUL RYAN. What did he think back in 2009? He said: ''Congress is moving fast to rush through a health care overhaul that lacks a key ingredient: The full participation of you, the American people.''

He went on to write: ''Congress and the White House have focused their public efforts on platitudes and press conferences, while the substance and the details have remained behind closed doors.''

Well, it was kind of a rewriting of history even at that moment in time when he said that when there was a record-setting debate in the HELP Committee, the second longest debate in history in the Finance Committee, television cameras running the whole time, 100 Republican amendments adopted, more than 100 meetings and walkthroughs and roundtables and committee meetings, and 25 days on the floor. But PAUL RYAN said that what it was lacking was full participation of you, the American people.

Well, if it was lacking in 2009, what do we say about this when the majority deliberately wants to exclude the American people, when the American people are standing at the door, when they are standing at the windows and they are leaning in and saying: What is in this bill? We want to have a say because it is so important to our families.

And the Republicans are slamming the door, and they are shuttering the windows and saying: We will not share one word with you because we know you won't like what we are doing.

That is not the way democracy is supposed to work.

Erin from Portland wrote because she has been diagnosed with diabetes and is terrified that if the Republican plan goes into effect, she won't be able to afford coverage because of her preexisting condition. Jeannette from Portland wrote. She is in her sixties and desperately waiting to turn 65 and qualify for Medicare. She is on the Oregon Health Plan and terrified that she will lose that plan before she qualifies for Medicare. The list goes on and on and on.

This weekend, I was out conducting townhall meetings in 4 different counties of my 36 counties. I go to every county every year. And these four counties are counties that voted—I am sorry to say—overwhelmingly against me when I ran for the U.S. Senate and overwhelmingly against me when I ran for reelection. They are red counties; they are Republican counties.

Folks came out to my townhalls this weekend, and they sent one message to our Republican leadership in the Senate: We the American people demand the chance to participate in this debate. It so profoundly affects our quality of life.

So I carry their messages from Klamath County and from Lake County, and I carry their messages from Grant County and Wheeler County to the Republican majority: Listen to the American people. Listen to rural America. Listen to the families who will be devastated by the plan you are concocting with the secret 13. It is not right. It is not moral. In fact, we need to work together to improve healthcare, not to devastate it.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I rise today to join my colleagues, to speak out, and to ask for a normal process here and to ask for hearings, to ask for debate, and to ask for amendments because the healthcare repeal bill is a major step backward, throwing over 20 million people off of health insurance. It is strongly opposed by AARP.

We don't know what is being concocted here in the Senate, but clearly something is going on, and we would like to have a say, and, most importantly, the people of my State would like to have a say.

Look at Laura from North St. Paul, who wrote to me about her concerns about that health bill. Laura is recently retired, but she will not be eligible for Medicare until next year, and she has a daughter with several chronic health conditions. Laura is worried that if the proposal goes through this Chamber, she will end up paying far more for her health insurance, and her daughter might lose her coverage altogether. Like so many others, Laura asked that we work across the aisle to make improvements to the bill that her family needs and that so many families across the country need.

Take Mike from Grand Marais, which is in the far corner of Minnesota, right at the tip of our State, not too far from Canada. Mike knows the kind of healthcare they have across the border in Canada. He knows what the prices are for the prescription drugs there, but here in America that healthcare bill doesn't do anything to bring down the cost of prescription drugs.

Mike has been self-employed his whole life and is now approaching retirement. He told me that he is very worried that, just as he is about to retire, he will not be able to afford health insurance because the premiums that are under that bill for older Minnesotans like him would skyrocket.

Take a woman from Andover, MN. She wrote to me to say that she is so worried ''about the GOP's slam dunk attempt to check off a box on their to do list'' with the healthcare proposal. She asked me to put a face on the type of person that will be a part of that checklist on that to-do list, and that would be her 28-year-old son. She says that Medicaid coverage has been a lifesaver for her son because it helps him afford the treatment he needs to strive for an independent, productive life.

The truth of the matter is that I have heard so many people like these three, from all corners of my State, from the old to the young to the middle-aged. I have heard from so many people from the rural parts of my State about this bill. They are especially worried about the $834 billion in cuts to Medicaid. Medicaid covers more than 1.2 million Minnesotans, including more than one-fifth of our rural population. That is 20 percent of our rural population. This funding is vital for our rural hospitals and the healthcare providers' ability in those parts of our State to stay open and serve their patients.

Many people who work in rural hospitals and those who are served by rural hospitals have come up to me to talk about their concerns. These hospitals are not like big urban hospitals.

I see the Senator from Hawaii here. I thank him for organizing this along with Senator MURRAY.

Our rural hospitals actually treat a lot of accidents, people out snowmobiling or on ATVs. In fact one of them has a chart every summer showing all the places where they had to remove fish hooks from people's hands. They usually have over 100 of them by the end of the summer. You wouldn't see that in an urban area—that is for sure—but it just shows that different parts of our country, different parts of our State have different issues they are dealing with.

Rural hospitals are particularly concerned about these cuts. These drastic cuts would cause many of our rural hospitals to close, forcing families to drive 60, 70, 80 miles or more when they need the healthcare the most.

The other issue that this bill brings up to me, when looking at rural areas, is the opioid epidemic that is hitting communities across the country. In my State, deaths from prescription drug use now claim more lives than homicides or car crashes. While there is more work to do to combat this epidemic, I want to recognize that we have made meaningful progress so far in a bipartisan way. We passed the framework bill, the CARA bill. We passed the Cures Act last December, as well as money to fund treatment. Unfortunately, just as we are starting to move forward on this issue, the healthcare repeal bill passed by the House would put us at the risk of moving backward. There is money in that bill for opioid treatment, but guess what. Medicaid and children's health insurance covers 3 out of every 10 people with an opioid addiction. But according to the nonpartisan Congressional Budget Office, mental health and substance abuse benefits could be cut under the House bill, increasing out-of-pocket costs.

It is clear that this healthcare legislation has massive life-changing implications for families all over this country. Yet we haven't even seen a draft in the Senate. What we do know is that, just last week, the President of the United States, who is known for not really mincing words and known for using direct language, called the House bill ''mean.''

He called it ''mean.'' He didn't need a poll or a focus group. He didn't need to know every detail of the bill, but when you hear that 20 million people can lose health insurance, that is a pretty good word to describe it—mean. What we don't want to have in the Senate is that we bring forward the Senate mean, or mean 2. But guess what. We don't even know what we have because we haven't seen it, because the legislation is being drafted behind closed doors. Most of us agree that we must make changes to the Affordable Care Act. I certainly think so. I would love to pass my bills or include them in amendments to the Affordable Care Act to bring down the cost of prescription drugs.

My bill would allow 41 million seniors to harness their negotiating power to bring drug prices down. Right now they are banned to do that. That is wrong.

I would love to see more competition come into the market in the form of less expensive drugs from other countries, like Canada—a bill I have with Senator KAINE or a bill to make it easier to get generics on the market, like the bill Senator GRASSLEY and I have to stop something that is called ''pay for delay.'' I think the American people would be surprised that the big pharmaceutical companies are paying their generic competitors to keep their products off the market. These are improvements to the bill.

We can make improvements to the exchanges. Just as we have done some of that work in the State of Minnesota, we can do that nationally. We can make improvements to small business rates. Those are things we can do, but we cannot do it if we can't get through the door because the door is closed. When the door is closed, it is not just closed to the Democrats and Republicans in the Senate, but the door is closed to the American people.

What it all comes down to is that we need to work in a bipartisan way to make healthcare better and less expensive for the people in our country. Last week, we all came together. I was at that Congressional Baseball Game. It was an amazing moment, with 25,000 people in the stands. All four leaders were out there looking like they actually liked each other. There they were, and there our teams were—two teams, a Republican team and a Democratic team. In the end it was a hard fought game. One team won. The Democratic team won, but do you know what they did with their trophy? They handed it to the Republican team, and they said: Put it in Representative SCALISE's office.

We want to take that spirit and go even further—instead of two teams, one team for America. That is the way we make the changes to an issue that has been long fought on both sides. I know Republicans weren't happy with everything that happened during the debate on the Affordable Care Act. They have made that clear. But now we have a moment in time where we could come together and make some sensible changes and make things better for the people of this country. Let's do it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Thank you, Mr. President.

I rise today to talk about the Republican effort happening in total secrecy behind closed doors under the direction of Leader MCCONNELL to repeal the Affordable Care Act and gut Medicaid in order to give huge tax breaks to the wealthiest Georgians, the wealthiest Americans.

Just about 5 months ago, I came before this body. I issued a simple request to Republicans. I asked you to show me your plan to repeal and replace the Affordable Care Act.

I asked you to show me the plan that was going to be ''terrific.''

As to the bill that President Trump promised during his campaign and the one Republicans had 7 years to come up with, I asked you to explain how you would meet the standards set by one of President Trump's top advisers, Kelly Anne Conway, who said: ''We don't want anyone who currently has insurance to not have insurance.''

I asked you all to show me the plan that retains coverage for the nearly 20 million people who have gained it, continues to contain healthcare costs, and ensures that nobody gets denied or has to pay more because of their gender or because of preexisting conditions.

I never got that plan from you. Instead, what we received was the American Health Care Act, or the AHCA, a heartless, terrible bill that passed the House in early May, a bill that President Trump heralded in the Rose Garden, after its passage, as ''great.''

The AHCA is a far cry from what President Trump and his allies promised. If the AHCA becomes law, 23 million more people would be uninsured. The bill ends protections for people with preexisting conditions and drives up healthcare costs dramatically for older, sicker folks. Worse still, the AHCA would end the Medicaid expansion and slash Medicaid by $834 billion over 10 years. For what? To offer massive tax breaks to the wealthiest Americans, for the wealthiest Georgians in the Presiding Officer's State. The average tax savings for the 400 richest families under this plan is $7 million apiece each year—$7 million each for every year, because they need it.

No wonder people are outraged. Just 8 percent of Americans think the Senate should pass this bill into law unchanged. Well, 8 percent has to be a new low.

Americans do not want TrumpCare. Three in four Americans want President Trump and his administration to do what he can to make the ACA work rather than undermining it.

Even President Trump reportedly now considers the House bill to be ''mean.'' It went from ''great'' to ''mean.'' In the Rose Garden, it was great. Now, a few weeks later, that same great bill is mean.

Instead of listening to the American people, Republicans are pursuing a strategy that former Acting Administrator of CMS Andy Slavitt has described as sabotage, secrecy, and speed.

Up first, sabotage.

In a few years, Republicans have choked off the Risk Corridors Program, which was designed to help stabilize premiums in the first years of the new exchanges. The Trump administration has gone even further. It has stopped enforcing the individual mandate, has undermined outreach efforts to help people sign up for health insurance, and has cut in half the amount of time that people have to sign up for health insurance coverage.

Perhaps the most troubling of all is that Republicans have refused to commit to funding cost-sharing reduction payments. These payments help low-income families cover their out-of-pocket costs. Since insurers are not sure if they can count on the administration to continue to provide these payments, some are pulling out of the individual market or are dramatically increasing their premiums to account for this instability, this uncertainty.

There is much more we can do to shore up the individual market, but my colleague Senator STABENOW had it right when she said to Secretary Price, of the Presiding Officer's State, regarding the administration's sabotage efforts: ''It's like pulling the rug out from under somebody and going, 'Oh, my gosh. They fell down.' ''

That was from DEBBIE STABENOW, of Michigan.

The next tenet of the Republican approach is secrecy.

A group of 13 men has been meeting in secret to draft the Senate version of the AHCA. What little we do know is that Senator CORNYN estimates there will be about an 80-percent overlap between the Senate and House bills. Prior to now, our understanding was that the Senate Republicans would completely rewrite the bill, with Senator BURR even saying the House bill was ''dead on arrival.'' It sounds like that plan has been jettisoned, but we cannot be sure because the Senate has had precisely zero hearings, zero days of public floor debate, and we have yet to see or hear about the revised draft of the AHCA, despite the forthcoming vote.

I urge my Republican colleagues to recall that during the long debate over the Affordable Care Act, the Senate held nearly 100 bipartisan hearings, roundtables, and walkthroughs, and had 25 consecutive days of public floor debate. Let me repeat that—nearly 100

bipartisan hearings, roundtables, and walkthroughs in the Senate alone, with 25 consecutive days of public floor debate on a bill that affects one-sixth of our economy. In the Senate HELP Committee, Senators considered nearly 300 amendments during a 13-day markup—one of the longest in congressional history—and ultimately accepted more than 160 Republican amendments in the process.

In 2009, then-House Budget Committee Ranking Member PAUL RYAN argued:

> Before Congress changes healthcare as the American people know it, we must know the likely consequences of the House Democrat legislation, including the number of people who would lose access to their current insurance.

The irony is palpable. Feel the palpable irony. Do you feel it? Does everybody feel it?

That brings me to the final component of the Republican approach, and that is speed.

Leader MCCONNELL would prefer to have a vote on the Senate plan before the July 4 recess or shortly thereafter. That timing only leaves us with a few days to go. There will just not be enough time to truly understand how this bill would affect the healthcare system, which, again, is one-sixth of our economy and affects all of the millions of Americans who rely on it.

Republicans plan to schedule the vote in such a way as to keep the American people in the dark about this bill for as long as possible. The American people deserve a chance to weigh in on a bill that would affect their lives and those of their friends and families in my State of Minnesota and the Presiding Officer's State of Georgia.

My office has received over 15,000 letters from very worried Minnesotans these past few months, and I have gone to visit rural healthcare facilities that would be among the hardest hit by the AHCA. My constituents—the people of Minnesota—are frankly scared about what will happen to them or their families if they lose their health insurance, and I am too.

As I did in January, I would like to encourage my Republican colleagues to join me on a trip to Minnesota to meet Leanna. Leanna's 3-year-old son Henry has been diagnosed with acute lymphoblastic leukemia. His treatment will last until at least April of 2018. He needs around-the-clock care to manage his nausea, vomiting, pain, and sleepless nights. Henry's immune system is so compromised that he is not supposed to go to daycare so Leanna left her job to care for him. Henry and Leanna are supported by Leanna's spouse, but they cannot pay for his treatment on one salary.

Leanna says:

> It is because of the ACA that Henry gets proper healthcare. Henry can get therapy and the things he needs to maintain his health and work towards beating cancer. Henry is still with us because of the ACA.

He is 3.

Let me say that again: ''Henry is still with us because of the ACA.''

I will do everything I can to fight the Republican effort to repeal the Affordable Care Act, strip away consumer protections, and gut Medicaid.

To all of my constituents who care about this, I need you to keep fighting. Now is the time to make your voices heard.

I thank the Presiding Officer for his attention.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I am pleased to follow the Senator from Minnesota, as because of him I had the chance to be on the HELP Committee during all of those hearings—all of those dozens and dozens of Republican amendments that took place during the vibrant, robust, bipartisan process in the HELP Committee. Senator FRANKEN was still in litigation over his election so his seat on the HELP Committee was vacant, and Harry Reid asked if I would take that seat. My senior Senator JACK REED and I, both of Rhode Island, were there in the room day after day, week after week, while this exhaustive, public, bipartisan process went forward.

I can even remember working with Senator ISAKSON, of Georgia, and supporting his amendment that would allow a doctor to be paid for having a conversation with a very ill patient about what his desires were if his condition did not get better. What type of end-of-life care did he want? Did he want every possible intervention or did he want dignified time at home with his family? What were his desires? That is a conversation that is important for doctors to have with those patients.

In the environment of the time, that became the death panel phony story. So I was there. I saw it happen. Thanks to Senator FRANKEN's delay in getting here, JACK REED and I were in the room.

Why does this matter? This matters because, like the story of Leanna and Henry, there are people on the other side of what is—apparently, for our Republican colleagues—a purely political piece of parliamentary chicanery.

I have a constituent, a woman named Pamela, who lives in Jamestown, RI. She works with people and nonprofit organizations that advocate for people who have very rare diseases so, in her work, she has seen the before and after of the Affordable Care Act.

''Before the Affordable Care Act,'' she wrote to me, ''I saw many patients and families distraught by medical bankruptcy.''

Then it came even closer to home for Pamela when she was diagnosed with stage IV breast cancer. If there were an annual or a lifetime limit on health benefits, she would be in deep trouble. If the protection for people with preexisting conditions were undone, that would imperil her ability to get insurance in the future.

She wrote to me:

> As a patient myself, with a chronic, costly medical condition, I am very worried that [these] protections will be taken away, making my life-sustaining care unaffordable.

Pamela deserves to be heard, but nobody can speak up for her with a bill that nobody can see.

From Cumberland, Marilyn wrote to me. Marilyn is a family physician. She knows the healthcare system. She also has severe asthma. She has had asthma since she was a little child, and she manages her severe asthma with very expensive medication. Her husband is retired, and Marilyn purchased her health insurance through HealthSource RI—our ObamaCare health insurance marketplace—which, by the way, is working very well. There is no need to undo what is going on in Rhode Island. It gives her peace of mind, and she wrote to me to say she was terrified by the possibility that the preexisting condition clause will be allowed back in.

She wrote:

> I am not a specialist but a family medicine physician, doing the best I can to pay my student loans and daily expenses. I could not afford the lifesaving treatment I require to function. . . . I do not know how I would survive financially if the current legislation the House has approved is allowed to become law.

Gina wrote to me from Lincoln, RI. Gina's daughter, Sofia, is 6. Sofia has cerebral palsy. We think we have problems here. I tell you, whatever the political problems we have over the Affordable Care Act, have a 6-year-old with cerebral palsy, and then come back and tell me you have a problem not liking ObamaCare.

Sofia needs round-the-clock care and she gets it because of Medicaid. Gina wrote to me: ''From her home nursing care to her wheelchair, we could not live without [Medicaid].''

Before Sofia came along, Gina and her husband never imagined they would need Medicaid; it never crossed their minds. But now, the welfare of their little daughter is entirely dependent on Medicaid. Depending on what we do here, Gina wrote:

> Will there even be a Medicaid then? This administration is stripping benefits from the most vulnerable in our society. How will they survive?

The last story I will share is from Tony and his family, who live in North Kingstown, RI. Tony has a son whose name is Michael. Michael, right after he was born, was diagnosed with something called mitochondrial disorder. It is a severely, catastrophically debilitating illness. It left Michael severely disabled. Michael is 10 years old now, but developmentally he is more like a 3-month-old. He can't walk, he can't talk, he can't feed himself, but he is happy, and he is sweet, and he is a source of joy for his parents and his four siblings.

Through Medicaid, Michael can receive up to 30 hours per week of care from a certified nursing assistant. It is

this program—it is Medicaid—supporting the certified nursing assistant those 30 hours per week that lets Michael live at home with his parents and those four siblings. Otherwise, he would have to be institutionalized. Somebody explain to me why a political victory shoved through this body after secret proceedings is worth explaining to Michael's parents that he is at risk of losing that coverage.

When President Trump said that the House bill was mean, he was not kidding around. It is mean, mean, mean—dirty, rotten mean. And if you think the one on the Senate side is going to be any better, there is one little phrase I would like to bring to your attention: ''We're not stupid.''

''We're not stupid'' is what a Republican staffer said when he was asked, Why aren't you guys having a public process? Why are you trying to jam this through in secret? His answer: ''We're not stupid.''

Well, what can you logically deduce from that? What kind of bill would be stupid to show the American public? If this was a bill that was going to be greeted with great applause and joy and relief and satisfaction by the American public, would you hide it? No. If it were terrible, if it would threaten people all across this country, then you wouldn't want them to see it. That would be stupid.

So that is what they are up to. They know perfectly well that this bill is not good for America. That is why showing it to the American people would be, by their own words, stupid.

Let me switch to my geek point before I go, because this is something I talk about a lot, and it bothers the heck out of me. This is a graph that shows healthcare in most of the countries that compete with us—the OECD nations.

This chart shows life expectancy in years. At the bottom is 72, at the top is 86, so where you fall in this shows where your life expectancy is in the different countries, and life expectancy is a pretty good measure of how good the healthcare system is.

Here is the cost of healthcare per capita, averaged across the population. And as you will notice, most everybody is right up in here—Japan, Switzerland, Netherlands, United Kingdom. Most of our competitors, including France and Germany—they are up in here. Where are we? Out here. The most expensive other country in the world is Switzerland, which doesn't break $6,000 per person; we are over $8,000. The average in here, where Japan comes in, above where the United Kingdom comes in, is $4,000 per person; we are above $8,000. We are 100 percent more expensive than the average and more than 50 percent more expensive than the least efficient other country in the world.

So there is progress to be made at bringing costs down, if we would pay attention to this real problem instead of the imaginary problem of Americans having too much healthcare.

And over here—look at the life expectancy in years. Look where we come in. We match the Czech Republic. So there is progress to be made on cost and on outcomes in this country. And, believe it or not, we are actually starting to make a little progress. Let me take my colleagues through this graph, and then I will leave you be.

This top line was drawn by the Congressional Budget Office back in 2010. They project forward into the future where they think healthcare costs are going to go. These are all Federal healthcare costs; the whole Federal healthcare costs, all of them piled up—Medicare, Medicaid, veterans—all of it. So here is what they projected it would be, this top line, in 2010. Then, they got to 2016, and they did another projection because they realized that as of 2014, things were coming in below their expectations. After the Affordable Care Act, things started to change. So they did another projection in 2016, and they projected this line right here.

Those of us who serve on the Budget Committee know that we think in 10-year increments. So here is a 10-year increment from 2017 to 2027. And if you look just at the difference between what CBO predicted in 2010, before the Affordable Care Act, and what they predicted in 2016, after the Affordable Care Act: $3.3 trillion in savings—$3.3 trillion in savings. Think of what a difference that makes for our country if you can save $3.3 trillion in our healthcare costs.

Healthcare costs are what is driving most of our debt and our deficit, so $3.3 trillion in savings? I tell you what, I want to see this bill because I want to know what CBO thinks about what happens to that $3.3 trillion in savings. If the cost of this Republican parliamentary chicanery is going to be losing $3.3 trillion in savings, the American people ought to know about that.

So I call on my Republican colleagues to have a process. I don't know if the Presiding Officer has seen the bill yet. It is so close hold, I don't think all of the Republicans have even seen it. But for gosh sake, when you have these stories from Rhode Island and from all the other States around the country, when you have real fellow Americans counting on the healthcare that the Affordable Care Act made possible, the idea that you throw that out to score political points and to give super rich people a tax break is disgraceful. It is a disgrace.

I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. SCHATZ. Mr. President, I want to give a status report on this bill. Right now, we think it is with the 13 men who are working on it in secret; they will show it to Republican lobbyists, and then they will send it over to the CBO for a score, and eventually the American public and the Senate will be able to see the bill.

We will have a process called vote-arama, which is mostly nonsense, and there will be lots of opportunities to offer amendments, but let's be clear about what happens at the end of vote-arama. The leader will offer an amendment in the nature of a substitute. So what does that mean? That means all of the amendments that were adopted along the way get taken out, with one 51-vote margin, and all of that vote-arama was for show because MITCH MCCONNELL will put his bill on the floor that was negotiated in secret with those 13 people.

If there was any question that our democracy is being rolled over by Senate Republicans, I want you to think about these 13 men. They are drafting a bill without any input from women, from Democrats, from experts, and by working in secret they are cutting out about 250 million people who are from the 40 States who aren't represented among those 13 men. You can bet that those 40 States have unique healthcare needs and unique healthcare laws. And without the right language, the bill could throw healthcare in each of those States or any of those States into total chaos.

They have also cut out Senators on the Health, Education, Labor, and Pensions Committee and the Finance Committee, even though these committees are actually constructed for the purpose of working on legislation like this. They know how to get things done like this. There are members of the HELP Committee and the Finance Committee who are among the experts on this issue, yet they don't get a chance to even see the bill. These Senators have jurisdiction over this legislation, but they are being left out. This is just not the way it is supposed to work.

We need transparency. We need bipartisanship. But now the Republicans will try to tell us that the hearings are bypassed all the time. That is not true. In fact, this body will hold a hearing on almost anything. In 2017 alone, the Senate has had hearings on hot tub safety, self-driving cars, a treaty for outer space, multimodal shipping, the maritime administration, and dozens of other issues. Look, those are actually not to be trivialized. It is important for the Senate to have hearings. It is important for subcommittees to do their work. But nobody can tell me that hot tub safety, self-driving cars, a treaty for outer space, multimodal shipping, and the maritime administration are more important than one-sixth of the American economy. It is a joke.

We are talking about one-sixth of the American economy, about millions of jobs, and about people with life-threatening diseases and life-changing medical bills, so we know how important hearings are to do legislation. When the Senate took up the ACA, there were almost 100 hearings. Think about that: 100 hearings versus 0. There were roundtables and walk-throughs held by the two committees. We considered hundreds of amendments and accepted

more than 150 amendments from Republicans. But, for this bill, no markup, no transparency, no bipartisanship—just 13 men meeting in secret outside of the regular process.

The only thing that has changed is now the market is under siege, but the market is under siege because of the Republican administration. They are purposefully creating uncertainty. That is not a rhetorical flourish; they are saying they are doing that. President Trump actually said he wanted to create uncertainty in the healthcare market in order to create leverage with Democrats.

Think about how unusual that is. Think about how offensive that is. It is perfectly appropriate for one party to try to generate leverage in a negotiation against the other. That is part of politics, either in an election context or in the public policy context. But the way that this President and Tom Price are trying to generate leverage is by raising healthcare premiums in order to force Democrats to buckle. That is unheard of. It really is unheard of. And it hurts everybody across the country to create this uncertainty.

It is bad enough that the Republicans are trying to take healthcare away from 23 million people—from nursing home patients and their families, from women who are pregnant or fighting breast cancer, from sons and daughters and moms and dads who struggle with opioids. But to add insult to injury, they are going to jam it down your throat. You don't get to read what it is about before it passes or hear from doctors or nurses or experts about how it will affect you.

So why are they working on this bill in secret? The answer is very simple. The bill stinks. They are ashamed of it. The bill itself is an embarrassment. The process is an embarrassment. They have said so themselves. No matter how you look at this, this bill is a disaster for people and their families. It will be a disaster for anyone who relies on Medicaid, which will be cut by at least $800 billion, and Medicaid is a safety net for people who need care but can't afford it.

Look at nursing home care. Medicaid covers three out of every four long-stay nursing home residents. My wife's grandmother was in a nursing home and just passed away, had great care, and wouldn't have been able to get the care she needed were it not for Medicaid. This is not an uncommon story—millions of Americans across the country of all income levels. People think of Medicaid as for people who are not financially in a position to get care in any given moment. That is true. It does take care of the poor. But it also takes care of nursing home care for people who worked all their lives and just don't have enough. It is $9,000 a month in the State of Hawaii for nursing home care. It is more than that for hospice care. We all know that nobody escapes end-of-life care. Rich or poor, left or right, red, blue, purple, nobody escapes this part of your life, and everybody needs help. There might be a few people who save up enough cash money to be able to shell out $10,000 a month for that kind of care, but for the rest of us, Medicaid is that lifeline.

There are actually some Republicans who don't want to cut Medicaid. They have seen how the program improves people's lives. Arkansas and Kentucky, for example, expanded Medicaid. These States have seen big jumps in the number of the people who now have their own doctor or have gotten a checkup in the past year, people who are now more likely to say they are in excellent health. But under TrumpCare, we will be back to the bad old days.

This bill is also a disaster for older people, who will be hit with what the AARP is calling an age tax. This will get a little wonky—not as wonky as that referred to by my colleague who spoke about 5 minutes ago but a little wonky. Right now, companies are not allowed to charge any more than three times as much for an older person as a younger person. Three times is the cap. But TrumpCare will increase that rate to five times. So what happens is every year, as you get older, your insurance costs will go up and up and up. That is why they call it an age tax. In other words, many seniors will see premium increases that can cost them thousands of dollars more each year at a time when people are already struggling to find money to pay for healthcare.

This is also a disaster for patients who don't want to lose their healthcare provider. Right now, an estimated one in five women goes to Planned Parenthood clinics. I understand we have different views about reproductive choice. I understand that. But we also understand—when we are talking on the level about Planned Parenthood and when we are talking about Federal funding for Planned Parenthood, everybody who pays any bit of attention to this understands what Planned Parenthood does for women across the country—again, conservative women, progressive women; Planned Parenthood doesn't care. Planned Parenthood is not using Federal funding for abortion. We all know that by now. It is cancer screenings, and it is quality healthcare and birth control.

People talk about giving more choices for healthcare and saving taxpayers' money, but the CBO estimates that defunding Planned Parenthood will take away options for nearly 400,000 women across the country and will cost taxpayers more than $130 million.

It is also a disaster for those struggling with opioid addiction. This bill will take away treatment for mental health and addiction, leaving hundreds of thousands of people fighting opioid addiction without adequate health insurance. We saw the statistics that opioid addiction, I believe, is killing more people annually than HIV/AIDS killed at its apex. I believe it has either surpassed or is comparable, in terms of cause of death, with car accidents. This is one of the leading killers in the country, and Medicaid is the program that funds opioid addiction for most of the people who get help.

This bill is also a disaster for patients with preexisting conditions because it means we will be going back to the dark days when insurance companies could charge you more for having a preexisting condition.

I have heard from people back home in Hawaii who are terrified of what this could mean for their health. One woman wrote that she is in the middle of a fight for her life against breast cancer, and she is scared that under TrumpCare, she will lose her insurance, that she will have to stop her treatments and could lose her life. A husband wrote to me that his wife has stage IV breast cancer. She has had every possible treatment and surgery imaginable to extend her life, but without the guarantee of affordable coverage for all, her fight will quickly come to an end. She is 29.

Even people without serious medical conditions will be affected by this preexisting condition's nonsense. We know that because before the Affordable Care Act became law, insurance companies were able to discriminate based on what they determined to be a preexisting condition.

One woman in Hawaii told me that in the days before the Affordable Care Act, she was rejected by insurance companies because she had back pain at one point in her life. The pain never came back, and she never needed treatment again. She was young and healthy, but the insurance company wouldn't give her insurance.

We cannot accept the end of nationwide protections for people with preexisting conditions. We cannot accept high premiums or so-called high-risk pools that have historically failed in giving people the coverage they need and deserve. We don't have to do it this way.

We don't have the majority, and this is being done under a process called reconciliation, which means that you don't need a filibuster-proof majority; you just need 51 votes. So if you are proud of your bill—we have Senator HATCH, chairman of the Finance Committee and one of the most respected Republicans in the country, actually. We have Senator ALEXANDER, chairman of the Health, Education, Labor, and Pensions Committee. Both have a long history of being able to do deals—ORRIN HATCH with Teddy Kennedy and my predecessor, Dan Inouye; LAMAR ALEXANDER with just about everybody—CHUCK SCHUMER, PATTY MURRAY. These are conservative Members of the Senate. There is no doubt about their Republican credentials. But they are also people who are capable of crafting legislation in the right way. I have no doubt they like their gavels. I have no doubt they like chairing hearings. I have no doubt they have the personal, intellectual, emotional, and political

stamina to go through a process which may take more than a couple of days.

I will tell you, this is the world's greatest deliberative body—it is—and these are a bunch of impressive people I serve with in the Senate. But without a hearing, you get a garbage product. You get a bill that just stinks, that staffers say they are keeping secret because ''we're not stupid.'' They are so embarrassed at this product that they are keeping it secret, because they know the moment this thing gets posted, everybody from everybody's home State—and not just Democratic States and not just purple States, but every home State is going to say: My community health center is going to get shut down. My opioid treatment center is going to get shut down. My hospital may no longer exist.

They know this bill stinks.

There is a simple solution. All we need is three Republicans to say: Let the Senate be the Senate. The House did whatever the House was going to do.

There was a weird White House Rose Garden signing ceremony without a bill even being enacted. It was the most bizarre thing I have ever seen, where everybody was congratulating each other for inflicting pain on the American people.

But the Senate has to be the Senate here, and what that means is that we have to be that cooling saucer. We have to actually slow down and have a deliberative process. All we need is three Members of the Senate on the Republican side to say a very simple thing. They can be as critical of ObamaCare as they want, they can be as partisan against us as they want, but all they have to say is this: I am not voting for a bill that doesn't get a hearing. I am not voting for a bill that doesn't get a hearing. Let this thing see the light of day.

I yield the floor.

The PRESIDING OFFICER (Mr. YOUNG). The Senator from Connecticut.

Mr. MURPHY. Mr. President, I thank my friend from Hawaii for convening us here tonight.

This isn't theoretical. This isn't about numbers. This is about real people. We know them. They exist throughout our States.

I have told this story a few times before on the floor of the Senate. When I think about the progress that has been made over the course of the last 6 years, I think about Betty Burger. Betty is a woman who lives in Meriden, CT. Betty and her husband did everything we asked them to do. They were morally upstanding citizens, contributed to their community, had full employment, raised good kids.

Her husband switched jobs. He switched jobs, and he had a 1-week, maybe a 2-week period of time in between those two jobs. As luck—or lack of it—would have it, during that brief intermission between employment, their son was diagnosed with cancer. The cancer then became a preexisting condition, which meant her husband's new employer would not cover the son as part of a family plan. The cancer progressed and progressed and progressed, and this family, the Burgers, had no means to keep up with the payments.

Their story, unfortunately, is not foreign to folks who have heard from constituents who have gone bankrupt because of healthcare costs. The Burgers lost everything. The Burgers first went through their savings, then they went into their son's college account, then they sold their car, then they sold their house. They lost everything they had trying to make sure they had healthcare for their son simply because he got diagnosed with cancer during the one tiny interim between their family's insurance coverage. That preexisting condition doomed that family. There but for the grace of God—that could be us. That could happen to any one of us.

Yet, today, medical bankruptcy is, frankly, a thing of the past. Why? Well, it is not because healthcare costs any less; it is because we said we are not going to allow insurance companies to deny coverage to someone because they have a cancer diagnosis. In fact, we are not going to allow insurance companies to charge you more just because you are sick. Guess what. People have been able to keep their college savings account. They have been able to keep their car. They have been able to keep their house even if they get sick. That is what this bill has meant. Twenty million more people are insured, yes, but the number of personal bankruptcies in this country has plummeted by 50 percent, almost entirely because there aren't Burgers any longer. There aren't people who had to live through what the Burger family had to live through.

That is what this is about. This is about real people who are going to go through miserable, terrible experiences because of the bill Senate Republicans are just days away from putting onto the floor.

I know my colleagues have covered this exhaustively, but I just want to show visually what CBO says the House bill does.

I know it is in vogue for the President and Republicans to say that ObamaCare is in a death spiral, but that is not what CBO says. CBO says that if you keep the Affordable Healthcare Act and actually implement it rather than undermine it, rather than sabotage it, as the President of the United States is today, the number of people who don't have health insurance will remain fairly stable from 2017 to 2026. It is about 28 million people. But if you enact the American Health Care Act, the bill that passed through the House, that number goes almost immediately from about 26 million up to 40 million. Right about 14 million people lose insurance right off the bat. Like within a heartbeat of passing this bill, about 14 million people will lose insurance, and then, over time, it grows to 51 million people. That is not the affordable healthcare act in a death spiral. That is market stability. This is a death spiral. The death spiral starts upon passage of the act being secretly negotiated today.

I get it that 23 million is kind of a hard number to get your head wrapped around. What does 23 million people really mean? These numbers are so huge. So here is what 23 million people is. It is the entire population of Alaska, Delaware, Hawaii, Idaho, Kansas, Maine, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, and let's just throw in West Virginia. That is what 23 million people is. That is a humanitarian catastrophe.

Remember, 23 million people is what you get to at the end of 10 years, but 14 million people lose it right off the bat. There is no way for our healthcare system to provide coverage to 14 million people who had insurance one day and then don't have it the next. By the way, they tend to be the sickest people because that is who is going to lose healthcare first.

Why are we doing this? Why would you choose to inflict this kind of pain on people? Why would you ask to run for Congress in order to put this kind of hurt on the American public?

Here is the answer. I wish this weren't the answer. I wish there were a different answer, but here is the answer. Twenty-three million people lose health insurance, and the cost of that is about $800 billion of money out of the healthcare system. It is not coincidence that that then gets transferred into 650 or so odd-billion dollars in tax breaks for the pharmaceutical companies, the insurance companies, and for really, really rich people. It is not just by accident that it worked out that the amount of money you took from poor people and from middle-class people and from sick people is the exact amount of money you are transferring to the pharmaceutical industry, the insurance industry, and rich people.

Here is another way of looking at it. Here is where the tax cuts go: The lowest quintile, the second quintile, the middle quintile, even the fourth quintile don't get a lot of money out of this tax break. It is the top quintile, the top 20 percent of income earners who get an average tax cut of $2,700.

Here is the big benefit: The top 1 percent of income earners—a $37,000 tax cut out of this bill. The top 1 percent of income earners get a $37,000 tax cut from this bill. Let me say that again: 23 million people lose healthcare so that the top 1 percent of income earners get a $37,000 tax cut. Who runs for Congress to do that? What constituency is asking for the U.S. Congress to pass a bill that takes health insurance from all sorts of working Americans, people who are playing by the rules—people like the Burgers—in order to pass a tax cut for the super wealthy?

I don't know what is happening behind those closed doors. I don't know

exactly what they are talking about, but I am going to guarantee you that it is not fundamentally different than what the House bill did, which is what I am describing here. There are still massive numbers of people losing healthcare, rich people getting a tax cut, and lots of folks getting hurt. Why? Just because Republicans made a political promise to do this.

I know I have other colleagues who want to talk. Let me turn for a moment to this process because the process does matter. The majority is breaking the Senate. They are breaking the Senate. Don't think this will not be how this works if you are in the minority. The fact is, we acknowledge that there is a lot that is still very wrong with the American healthcare system. Our constituents command us to try to make those things better. We would love nothing more than to sit down with the Republicans and try to figure out how we can come together on a path forward to make this healthcare system better. I know you don't believe us, but you didn't even try.

I am not sure we believed you at the beginning of 2009 when you said: We want to help people get insurance. We watched Republicans have control of the Presidency and the House and the time Senate for a long time without a lot of progress being made, but Democrats tried.

Democrats spent a whole year sitting down with the Republicans, trying to figure out if there was common ground—holding committee processes, exhaustive hearings. There were 30 days of Senate debate on the floor. I get it; in the end Republicans didn't support that package. I get that Republicans can lay blame at the feet of Democrats for not crafting something that could win Republican support. I understand how that argument works.

The fact is that when Democrats were in the majority, they tried. They opened up the committee process. They let everyone in the public see the debate we were having. Why? Because it is a big deal.

We are talking about one-fifth to one-sixth of the American economy. If you are talking about reordering that biggest segment of the U.S. economy, if you are talking about millions of people benefiting or losing, that shouldn't happen behind closed doors.

My constituents, even though they are represented by Democrats, have no fewer rights than the citizens of Iowa or the citizens of Texas who are represented by Republicans. Why are my constituents not allowed to see the details of what is about to happen to their lives? Why are only a select group of Americans able to have a voice inside that room? Why are the people of Connecticut going to get 3 minutes to look at this bill once it hits the Senate floor? My constituents are Americans, just as the constituents in Republican States are Americans. They deserve to know what is about to happen to them.

You are breaking the Senate. It will not get put back together that easily. These are tough questions. They are partisan questions, but it doesn't mean there is not an obligation to try to find common ground. If you can't find common ground, don't bury the proceedings behind closed doors where nobody can see it.

People hate this bill. They hate this bill. They hate it in part because they don't trust the process. When they see this balance—tax breaks for pharma, insurance, and rich people—and then losing coverage, they want to know why they lose and why super rich people win, but they can't get answers because it is all happening behind closed doors.

It is not too late. I will just end there. Senator SCHATZ said it right: It is not too late. My Republican colleagues can reject this and say: Let's start over. Let's sit down and see if there are some Democrats who want to work on stabilizing these exchanges, seeing if there is some middle ground, being able to build a bipartisan consensus when it comes to the future of the healthcare system.

It is not too late. I think you are going hear that consistently from my colleagues this evening.

I yield the floor.

Mr. BOOKER. Will the Senator yield for a question?

Mr. MURPHY. I have yielded the floor, but I will happily engage in a colloquy.

Mr. BOOKER. Mr. President, can I ask the Senator from Connecticut a question?

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

Mr. BOOKER. Thank you very much.

The Senator's charts plainly showed who benefits from the Republican bill that we saw in the House. The CBO, as he pointed out, plainly demonstrates that 23 million Americans will lose healthcare. I have heard him talk about this on other issues—how we as Americans are far more connected than we realize and that while one family might suffer from lack of health insurance—like the folks he talked about in the beginning of his remarks—the reality is that when that child doesn't get the healthcare they deserve, when they don't achieve in life the great potential they might have, others suffer as well. You see this as you travel to European countries. They have vastly more people insured, vastly more investments in childhood education and childhood healthcare.

I am wondering if the Senator can extrapolate for me for a moment that this isn't just about individual families who are vulnerable. It is really all Americans, who suffer when other Americans are not getting the benefit of healthcare in this country.

Mr. MURPHY. I think we all got a gut punch earlier today. We received news that the young man who just returned from North Korea, after being abused and tortured there, had passed. If you read the statement from his family, it was hard to read. You couldn't help but read that without feeling your heart drop into your stomach. Why? Because this was a young man with such promise ahead of him, who had that future robbed from him.

I didn't know him. My colleague didn't know him. The people in my State who were similarly affected didn't know him, yet they felt something.

I think the reason this bill is so wildly unpopular is that people are going to die. The fact is, if people don't get coverage for addiction, if folks who are mentally ill don't get to see a doctor, they aren't going to survive. Even those who have enough money to be able to pay for the premium increases in this bill—they know there is something a little evil in wanting to do this to people.

As my colleague remarked, even if you are not amongst the 23 million people who lose insurance, the CBO also says your rates are going up because when those people don't get health insurance, they show up somewhere else in the system. They show up at the emergency rooms. They get much more expensive care. That cost gets passed on to the rest of us.

Even if you are lucky enough not to be amongst the 23 million, you are going to be personally, financially affected by this. The CBO says that everyone's rates will go up by 15 to 20 percent. Even if it is not the money you care about, we are all connected, and nobody should want this to happen to people. We are all weaker if we pass a piece of legislation that ends up hurting people in such a real, meaningful, and devastating way.

Mr. BOOKER. If I can ask the Senator from Connecticut one more question—that interrelatedness is a part of a larger system. We all benefit from these systems. My colleague mentioned hospitals, and whether it is my family who gets injured and is rushed to a hospital or a wealthy family or a poor family, those hospitals are a critical part of the healthcare system.

I was mayor of a city, and I imagine my experience is similar to that of the Senator from Connecticut. Our hospitals before the Affordable Care Act were having a really difficult time because so many of those costs at the most expensive point—when a disease had become so much more acute—were being pushed into hospital emergency rooms. My State was having a very difficult time with the costs of that charity care. They literally had tough choices. They weren't going to close their doors when somebody went into diabetic shock or someone had an asthma attack or some of those diseases were not treated at an earlier stage.

I am wondering if the Senator can help explain, in terms of Connecticut's perspective, why this has an impact on all of us in terms of the systemic healthcare systems that sustain our communities.

Mr. MURPHY. I think it is important to understand what the law says. The

law says there is only one healthcare provider that by law has to treat every single person who comes in the door; they can't turn away individuals based upon their ability to pay. That is the emergency room.

What we also know is that the emergency room is the place you get the most expensive care. By the time you get there, you are often in crisis. The care you receive in the emergency room is expensive, and then all of the care you need afterward is expensive as well.

I always remember a woman from Connecticut who lost her Medicaid coverage. In losing her Medicaid coverage, she didn't end up being able to see a doctor for an infection she had in her foot. It was hurting her for a long time, that infection. She didn't have Medicaid any longer, so she just decided to let it hurt. She popped some Tylenol and hoped it would go away. One day it was so painful that she went to the emergency room, and it was too late. It was too late. Her foot had become so badly infected that she had to have that foot—that leg below her knee—amputated.

She had no insurance, so we all picked up the cost of that, but she had her life altered in a way that is hard for us to fathom, and there is not a single winner in that scenario because, obviously, her entire life is changed because of that.

It is not as if we had saved any money in treating her so shabbily because we ended up having to cover all of those costs. That is one story. If you think about what the House bill does, it repeats that story millions of times over. It is morally bankrupt, but it is also fiscally imprudent and foolish.

Mr. BOOKER. That brings up one more issue, if the Senator will indulge me, because I just visited his State. As I was talking to a lot of his members—being from New Jersey, there might be a small rivalry between our two northeastern States. A couple of folks came up to me and got in my face in a polite and joking way about how our Constitution was formed. They talked about the Connecticut Compromise. As you well know, this was a compromise that allowed our Republic to form, understanding they would have two bodies, the House and Senate. Every State would have two Members representing it. In many ways, the Founders of our country, coming out of this, viewed this body very differently than the other body.

Now, the other body, you served in. I am hoping maybe you can shine some light. I have been here 3½ years. You had experience as a House Member and as a Senator. You said something some people at home might dismiss as hyperbolic partisanship, but I have been here 3½ years, and I have seen this body change. What frustrates me is that when I was here for a brief period of time and Democrats were in the majority, I heard Republicans talk about regular order, how urgent regular order is. When we are in charge, we will have regular order. The leader spoke publicly about this thing called ''regular order.'' The House operates on majority rule. Our Founders saw that as a very different body than this, which is in many ways talked about as a different rhythm—a different way of doing things. In fact, one Senator over here can have a lot of power within this system, sometimes to the frustration of folks, to slow things down.

You made the claim about this being broken. This is a perfect example of it—this idea that this would be the body, on such a big issue, that would have a chance to be deliberative and to focus on this. I think you are right. We have seen this body, in the very short period of time I have been here, begin to undermine not just things that happened under the Obama administration but to undermine traditions that go back decades, if not more than a century.

I wonder if, being that State, as I was told, so critical to our Constitution, you could give some light on why you really are substantively, factually saying that this is probably one of the low moments of the Senate in the way that this process is being done.

Mr. MURPHY. There is, right outside this Chamber, a picture of the authors of the Connecticut Compromise, two of the Connecticut delegates to the Constitutional Convention.

Mr. BOOKER. They might have been born in New Jersey.

Mr. MURPHY. I appreciate that shout out to Connecticut. You are right. The idea of the House is that it is supposed to respond, perhaps, more quickly to the temporary passions of the public, which is ironic, given that the passion of the public today is in deep opposition to this piece of legislation. Unfortunately, the House is responding to the passions of one very small portion of the public, which is the extreme Republican base, which maybe is the only remaining segment of this country that supports the American Health Care Act.

This place is supposed to be able to step back and look at the long term and look at the long view. That is why we have 6-year terms, so we don't do something that may feel good in the moment politically but has devastating impacts over the course of time. That is exactly what this debate is about. It is about a massive reordering of one-fifth of our economy that has just enormous consequences over time, when these people who lose insurance start to feel the effects of that as they bleed through their savings over 5 or 10 years and go bankrupt at the back end of that time period.

So this is a place where both parties should be able to sit down and talk about what this really means for folks. I thought Senator SCHATZ put it well. When you don't engage in regular order, not only do you do things that are very partisan and political, but you also do things that don't make sense.

One of the things that regular order brings is the ability to talk to experts. We all sit on committees, and those committees bring experts to the table to tell us what the impact of legislation is. There has been no committee process on this bill. We haven't had a single committee meeting. We had one hearing in the HELP committee upon which I sit.

So as Senator SCHATZ said, the result is a product that is garbage—that, logistically, does not work because neither the House nor the Senate engaged in the kind of deliberation that would get you to the facts. Yes, this place is supposed to work differently, but also you are supposed to use the committee process to make sure that you are not passing something that just makes sense politically but makes sense from a policy standpoint as well.

Mr. BOOKER. I thank Senator MURPHY for giving me those few moments.

I wonder if the Chair would recognize me to give a few remarks myself.

The PRESIDING OFFICER. The Senator from New Jersey is recognized.

Mr. BOOKER. Thank you very much, Mr. President.

I want to pick up on that conversation that we were having, in which Senator MURPHY laid plain on his charts about larger issues with this bill. I want to get back to the point he was just talking about and that I observed here in the Senate for about 3½ years, and that is the functioning of this body. I love history. I am one of these guys who doesn't read any fiction any more. I love reading about this country, about its past leaders, about great moments in history.

What is interesting about this body is that, being someone who has the privilege to stand on this floor—quite literally, given to me by the State that I love, New Jersey—I walk on this floor and I feel a sense of history every time I am here. It has been 3½ years, and it hasn't lost its ''wow'' factor for me that I get to stand on this floor. I have to say that I love my State, and in my campaigning, I don't think the issue that I am New Jersey's first Black Senator came up that much. New Jerseyans wanted to know: Would I come down here and fight for them? I was aware of the history of being the fourth African American popularly elected in the history of this body. I came down here as a student of many of the great moments in time on this floor and many of the records that were set.

I think some of those records are really germane to this moment right now. The longest filibuster on this floor is where one Senator could actually grind the workings of the Senate down to a crawl because of Senate rules and Senate traditions. In this case, it is something I wasn't even alive for, but something that, to me, is frustrating. But it is a moment of history that shows what regular order is. It slows down this body.

A filibuster takes 60 votes to overcome. So here was this moment. It was

actually almost exactly 60 years ago. That was the 1957 Civil Rights Act. It was Strom Thurmond who gave this long filibuster, trying to block something that—yes, indeed—was going to have societal impacts on this country—the 1957 Civil Rights Act. This is one illustration of how, when monumental pieces of legislation come to this floor, the history of this body and the traditions of this body are to slow things down, to have a process, to have rules—especially for things that are so monumental. In this case, it was the 1957 Civil Rights Act—something on which we look back in the past and say: Wow, it took them a long time to get there, but it demonstrates what this body's rules have been about for a long time.

Let me go with another record that I mentioned earlier tonight, but it shows, again, that when monumental pieces of legislation are coming, this is a body that looks closely, takes its time, is deliberative, and has a time-honored process. That is the other record set by the longest consecutive session in Senate history. It was a debate about truly one of the more important things in our society, which is issues of war and peace. The longest consecutive session in the Senate history of debate and of deliberation—open and public, not just for the Nation to see but for the world to see—was a debate during the First World War about whether to arm merchant ships. It brought about tremendous consternation, tremendous debate, as we did the lead up to the First World War. What is interesting is, if you think about the forming of our country in that debate—again, the Constitutional Convention was public, open, transparent—issues were debated. One of the fundamental reasons for organizing our government was seen as the protection of the American people, the ideals of a common defense, and the public welfare. These were the things, literally, put into the preamble of our Constitution, about what this government is about—that these are the most important ideals. In fact, we herald some of these ideals. They have become part of our civic gospel. Everyone knows when they hear the words ''liberty and justice for all'' that they are part of our civic gospel.

Part of that gospel, as well—in the core center of our country—is that this is a nation about life, liberty, and the pursuit of happiness. As to that word ''life,'' this government, this Republic is affirming the ideals of life. It is only understandable when we are debating epic pieces of legislation that will go to affect the lives of tens of millions of Americans.

I was in the children's hospital today. Families in peril, families in crisis were talking about the lives of their children. I have seen it happen, unfortunately, to neighbors and people of my community. When the lives of their children are at stake or threatened or afflicted with disease, it puts so many things in perspective.

So here we have legislation speeding its way to the Senate floor that goes to the fundamental ideals of this Nation. Will we be a country that has a system of healthcare that affirms life?

When we are talking about records in the Senate, it is no coincidence to me that one of the longest times that there was a consecutive session in Senate history for debate—no coincidence to me—was about war and peace. It was the rush, as some people saw it then, toward war in World War I. What is fascinating is that folks should know that the second longest consecutive session in Senate history was about healthcare. It was in 2010. It was over the Affordable Care Act, a bill that the full Senate spent 25 consecutive days considering, 160 hours. Those 160 hours in session does not include hundreds more hours in committee hearings, in meetings. All that took place in the development of a bill that came to this floor and set a record about being the second longest debate.

It is perfectly justifiable that the bill should have taken so much time, so much focus—that the world's greatest deliberative body would deliberate, would do its job. As for that piece of legislation, don't believe the lie; it wasn't rushed through here. It didn't get the express train through the Senate. It set records for discussion, deliberation, debate, and a process that included comments, input, thoughts, and testimony from Americans across the country—not just red States, not just blue States, but of all Americans. It was justifiable. It was absolutely justifiable.

I wasn't here. I was at home in Newark. I was mayor of the city.

This debate went on and on and on, and it captured the attention of the Nation. It was something I had never seen before and I haven't seen since. The President of the United States then, Barack Obama—this to me was stunning; it caught my attention—was on national TV cameras. Sure, it was C–SPAN—not what I turn to first when I am home relaxing on my couch. But the President of the United States invited Congress in—Republicans, some of the smartest minds. I have served here 3½ years now. Some of the smartest minds I have met in this country are here in the Senate on the Republican side. He invited the Congress in to discuss and debate with him on live TV healthcare. I don't know if Reagan did that. I don't know if Bill Clinton did that. I can't remember that they did. So here was something that was done fully in the light, vetted, debated, deliberated, discussed in open air.

The hearing numbers are incredible. I have been here 3½ years, and I have never seen anything like it. In the Senate's so-called HELP Committee—Health, Education, Labor, and Pensions—they held 14 bipartisan roundtables, 13 bipartisan hearings, 20 bipartisan walkthroughs, and they considered 300 amendments. This is the thing I didn't know until I got to the Senate because of all the rhetoric on 24-hour cable news. This wasn't a purely Democratic bill. They actually accepted over 160 amendments from Republicans. The stories I have heard from people on both sides of the aisle is that they were bending over backward trying to pick up one Republican vote, so they incurred and took on amendments that actually shaped the bill, Republican ideas onto this healthcare bill, 160 amendments. But stop, that is only in the HELP Committee.

In the Senate Finance Committee, they held 17 bipartisan roundtables, they held summits and hearings, 13 member meetings and walkthroughs, 38 meetings and negotiations, bipartisan. They held a markup. I have been to lots of markups. I have never seen them last or scarcely can think of times they have lasted for more than a day, but they held, in the Finance Committee, a 7-day markup on the bill. That 7-day markup—talk about records—that 7-day markup was the longest markup on a bill in 20 years. That was the process.

A bill affecting that fundamental American ideal that this Nation—founded like no other, not a theocracy, not a monarchy. It is the oldest constitutional democracy on the planet Earth that affirmed ideals that put into the ether of Earth, for the first time, this Constitution, talking about life, liberty, and the pursuit of happiness. This healthcare bill involved such debate and discussion and the Nation participated. Policy experts, market experts, medical professionals, health nonprofits, insurers, hospitals, Americans all got to put forward their input, their ideas. Sure, all of them were not accepted, but everything went into the mix.

This should be shocking to the consciousness of all people of good conscience who aren't reflexively partisan, but look at the history of this country, a history that is proud, a history that should be shameful about how things got done in matters of war and peace, in matters of foreign policy and domestic, in matters like integration and civil rights that made it possible for me to stand on the Senate floor. There was a process, and somehow in the last 3½ years—in the name of what? A vicious brand of partisanship that somehow undercuts not just the voice of Democrats, not just the voice of policy experts, not just the voice of hospital experts, not just the voice of medical professionals—it doesn't just undercut their involvement in the process, but it is an insult to the history and the traditions of this body.

This was not the constitutional intent that something as important as healthcare should be done in a back room where a small handful of Senators are trying to hammer out amongst themselves a piece of legislation that is going to affect tens of millions of Americans and change our economy and change our communities. There is honor in this place that isn't

on TV. There are good folks on both sides of the aisle. I have gotten to know them. I consider folks my friends. I know their hearts. This does not sit well the way this is being handled. I know it.

This is one of those moments of history that somebody just needs to raise their hand and say: You know what. I might even like that bill that comes out of that back room. I may like that bill that was hammered out by 12 Republicans, but this process is wrong. It is an insult to our history. I wouldn't want this done to me.

This is the moment. It is a test. History will look back and see what this body did at this moment in history. I fear we are going to fail the test.

What is even more painful than that, for me, is not just the sadness or the anguish I feel about a body contorting its traditions, breaking its way, what even hurts me more than that is what they are going to be pushing through. We saw it in the House.

Instead of this body coming together—and literally there is agreement on this. All of us believe the Affordable Care Act needs to be improved. I have had it in conversations, formal and informal, that we could build upon the Affordable Care Act. We could correct for its deficiencies, and we could build upon its extraordinary successes.

I see those extraordinary successes in my State. I have Republicans and Democrats who are now fearful about the consequences should a bill like the House Republican healthcare bill be made law. There are folks who fear for their families, fear for their children, who don't want to go back to the Nation we had before, where the No. 1 reason for bankruptcy was not being able to afford your medical bills, where people with preexisting conditions were denied insurance, when mental healthcare wasn't in parity with physical healthcare. I can go through all the things I have seen make a huge difference in New Jersey in communities, rural and urban, for Americans.

I want to highlight some of those right now, some of those questions that people are asking at home about what happens if a bill like the House bill becomes law, if they take that bill here in the Senate and push it through, send it back to the House this bill that subverted process, inclusion and debate and deliberation, and go to that process called reconciliation. There are questions that are being asked.

Here is one: What happens to a mother who is pregnant with, say, her second child who suddenly loses Medicaid coverage? Now, understand, a very large percentage of the children born in the United States of America are born covered by Medicaid, which we already see in this House bill is being gutted, which is the biggest rollback in the safety net in our country in my lifetime and more.

What happens to that mother who is pregnant with her second child and loses her Medicaid coverage and her prenatal care? If she loses her prenatal care along with it, what happens to that American citizen? What happens to that baby?

Well, we know that according to the U.S. Department of Health and Human Services, babies born to mothers who receive no prenatal care are five times more likely to die than those whose mothers did receive prenatal care. Tragically, women without prenatal care are three to four times more likely to suffer maternal mortality—that means dying in childbirth—than women with prenatal care, and these rates significantly increase for women of color.

What happens to the tens of thousands of mothers who may lose access to maternity services, and what happens to the already dismal infant mortality rate and maternal mortality rates in our country if this plan goes through? That is a legitimate question. The data is clear. You restrict access to prenatal care, you endanger children, Americans, and you endanger mothers.

Let's keep asking those questions. What happens to the healthcare worker who works 60 hours a week taking care of others but loses their own healthcare coverage and then is unable to afford getting screened themselves, preventive screenings for cancer—let's say ovarian cancer. What happens to them? We don't have to imagine what happens when millions of Americans forgo preventive screenings. We have factual data on what happens should access to those preventive screenings—like what happened with the House healthcare bill—what would happen.

The American Cancer Society tells us clearly that inadequate health coverage is a barrier to preventive care, early detection, and optimal treatment. They find, for example, that patients with stage II colorectal cancer who have it detected have higher survival rates. In fact, they point out that people with stage II colorectal cancer with adequate health insurance have better survival rates than people with stage I colorectal cancer who have no health coverage. In other words, the American Cancer Society shows that access leads to survival and denial leads to higher rates of death.

A recent cancer study found that ''the number of Americans whose cancers were diagnosed at the earliest stage when it was most likely to be cured increased after ObamaCare went into effect, and more citizens had access to health coverage.'' You take away the expanded coverage that was founded through ObamaCare, you decrease preventive screenings, you decrease early detention and, as indicated by the American Cancer Society, death rates go up.

Another question, in general: What happens to cancer rates in America when these gains are reversed? What happens when these gains are reversed? What happens to the father of two who is diagnosed with a rare cancer who can't afford the additional estimated $82,000? His cancer treatment goes up if this bill, like the Republican House bill, passes. That is what is estimated—$82,000 is what his cancer treatments would go up. What happens when he can't afford that care, when he is forced to choose between his family's home, for example, and treating his cancer?

Well, this is what we know. These are the facts that from 2010 to 2016, personal bankruptcy filings have dropped close to 50 percent in the United States of America. One of the collateral benefits of ObamaCare is there was a 50-percent drop in personal bankruptcy filings, with experts agreeing that the Affordable Care Act played an important role in this significant decrease.

A group of economists has estimated that the House Republican bill would cost the average enrollee more than $1,500 more per year than the current system. This is despite the fact the surveys have found that the majority of Americans have less than $1,000 in savings, with one study finding that 63 percent of Americans don't have the savings to cover a $500 emergency.

Remember what Senator MURPHY showed? That is a bill that gives massive tax cuts to the wealthiest of Americans, shifting the cost burden so the average enrollee now under this bill is going to see a $1,500-more-per-year payment when the average American doesn't have the savings to cover about a $500 emergency.

Another question that folks are asking is, What happens to the family whose child with a disability loses their access to home and support services—the physical and speech therapy they receive through Medicaid—if the Republican plan goes forward?

I was in a hospital today with such parents telling me about children who—the only way they got the coverage was because of the expanded Medicaid. Now what happens under the Republican plan? We know that Medicaid is a critical lifeline for people and families with disabilities, providing access to services such as rehabilitative therapy to help children meet developmental goals.

One of the incredible young women, girls, I met today—because of developmental therapy, she went from not being able to walk to now continuing to do the things that her normal teenage peers and her twin sister are able to do.

We know that today, 15 percent of kids are growing up with developmental disabilities. In New Jersey, 1 in 41 children lives with autism. But this plan that was passed in the House threatens to make it more difficult for children with disabilities to receive the care they need, to go to school, and to live healthy lives. Losing coverage could mean the difference between a child with a disability achieving a developmental milestone or falling further behind. Unfortunately, in the Republican bill that passed the House,

that is exactly what will happen if it should become law.

If that bill passes, what will happen to older Americans who qualify for Medicare but still need access to critical health services? We know that insurance companies would likely be allowed to charge older Americans much higher premiums under the Republican plan. Remember, it used to be capped. The cost for older Americans used to be capped. It is now being estimated that Americans between the ages 55 and 64 would pay some of the highest increases. That increase would be $5,200 more per year. Standard & Poor's actually estimated that premiums for a 64-year-old could increase by 30 percent under the Republican bill that passed the House.

The Congressional Budget Office noted in their report on the House Republican health care plan that ''although the agencies expect that the legislation would increase the number of uninsured broadly, the increase would be disproportionately large among older people with lower incomes, particularly people between 50 and 64 years of age with incomes of less than 200 percent of the Federal poverty level.'' Think about that for a second. Executives of insurance companies, pharma companies—the richest will get tax breaks into the hundreds of thousands of dollars, but the poorest folks, the elderly in our community, according to the CBO, would see their costs go up considerably.

The New Jersey Hospital Association noted that ''under current law, a 64-year-old making $26,500 a year will pay an average of $1,700 in annual premiums.'' Under the AHCA—the Republican plan in the House—that same individual making just above minimum wage will pay, under their plan, between $13,600 and $16,100 in premiums. That is the increase for older Americans, working Americans. That is the increase.

We know that as more older Americans lose their health coverage and in turn enter Medicare in worse health, our entire Medicare system is made weaker and less solvent.

If this bill passes, what happens to older Americans who have already spent their life savings in nursing homes? We know that right now for elder Americans in nursing homes, Medicaid actually covers the cost of two out of three of those individuals.

I will quote from a piece that ran just this past weekend in the New York Times: ''Roughly one in three people now turning 65 will require nursing home care at some point during his or her life.''

Over three-quarters of long stay nursing home residents will eventually be covered by Medicaid.

Many American voters think Medicaid is only for low-income adults and their children, for people who aren't ''like them.'' But Medicaid is not somebody else's insurance; it is an insurance for all of our mothers and fathers and eventually for ourselves.

I continue the quote:

> Mr. Trump and the Republicans would lower spending on the frailest and most vulnerable people in our healthcare system. They would like most Americans to believe that these cuts will not affect them, only their ''undeserving neighbors,'' but that hides the truth that draconian cuts to Medicaid affect all of our families. They are a direct attack on our elderly or disabled and are dangerous.

I want to wrap up with this concluding thought: We know right now that we are at a turning point in our country, that the process that has made this deliberative body known throughout the land, throughout humanity—that this deliberative body is about to alter its tradition and have a bill that affects tens of millions of Americans done and crafted in a back room without public input and rushed to this floor. That is what the process is right now.

As Martin Luther King said in a speech to the medical community for human rights in 1966, ''Of all the forms of inequality, injustice in health care is the most shocking and inhumane.''

This bill will perpetuate injustice in our Nation. It will further the gulf between the haves and have-nots. But it does not just target the vulnerable, the elderly, the poor; it targets all of us. It targets our character as a country, our highest ideals, the very core of many, if not all, of our States. The least of these. The least of these.

We cannot allow this legislation that will so hurt our country to be crafted in darkness behind closed doors. It subverts a mighty tradition of the world's most deliberative body to be rushed through and cause so much damage to so many Americans and indeed the very soul of our country.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. CRUZ). The Senator from Indiana.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. YOUNG. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

TRIBUTE TO DR. M. LYNNE CORN

Mr. HATCH. Mr. President, I would like to take the opportunity to submit to the RECORD of the U.S. Senate a statement to celebrate the career of public service of Dr. M. Lynne Corn, offer my heartfelt congratulations on the occasion of her retirement from the Congressional Research Service, and wish her happiness and prosperity in the next chapter of her life.

For over three decades, Dr. Corn dedicated the better portion of her professional career to serving the Congress of the United States from within the halls of the Library of Congress. As a specialist in the study of natural resources, Federal land management, earth sciences, agriculture, and endangered, species recovery, she has guided and informed the decisionmaking of countless Members of Congress and Senators, and their staffs, on the major, related issues of her time.

As a Senator representing the State of Utah and as a Westerner, her policy acumen has on countless occasions aided legislative efforts that have had a substantial impact on my constituency. She has served as an invaluable guide in the drafting of legislation and helped inform some of the most difficult votes I have cast, and I can say without question that she has helped guide the process of passing some of the most difficult pieces of legislation into law. As well, as some of my most senior staff can attest, she leaves her position with a reputation of being among the most informed and insightful research and policy advisors on Capitol Hill.

Let the record show that Dr. Corn began working at the Congressional Research Service in 1985, after having served for almost 6 years in a congressional office, including as an AAAS—American Association for the Advancement of Science—congressional science fellow from 1979 to 1980. Dr. Corn came to Capitol Hill after sharing her enthusiasm for the ecology of all types of animals and plants with students at Middlebury College, VT; Stockton State College, NJ; and Arizona State University.

Dr. Corn adeptly transitioned from pedagogy to informing congressional deliberations on policy development, especially related to the Endangered Species Act. Although her doctoral research at Harvard University was related to a tropical ant species, Congress put her biological expertise to work researching and writing on the Pacific Northwest's spotted owl and the species and habitat of the Arctic National Wildlife Refuge. Dr. Corn also became an expert in various conservation related trust funds, as well as the Payments in Lieu of Taxes program, which is critical to the rural inhabitants of my home state of Utah. Dr. Corn excelled in the use of visual aids, such as maps, to explain complex issues to congressional audiences.

But the work of a congressional researcher can sometimes be more lighthearted. I will share one incident, as it has been told to me, when it was the staff that provided the visual aid. Dr. Corn was asked to come to a Senate office to identify a dead snake coiled in a coffee tin. Upon examination, she identified the snake, a corn snake, just as the Senator walked into the office. As a country-raised man, he knew well the species that was native to his region, and a memorable conversation with the Senator followed, about the quiddities of that particular species, which both the Senator and Dr. Corn