

1357, a bill to amend title XIX of the Social Security Act to provide a standard definition of therapeutic family care services in Medicaid.

S. 1369

At the request of Mr. BROWN, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 1369, a bill to amend the Internal Revenue Code of 1986 to establish an excise tax on certain prescription drugs which have been subject to a price spike, and for other purposes.

S.J. RES. 46

At the request of Mr. DAINES, the name of the Senator from Georgia (Mr. PERDUE) was added as a cosponsor of S.J. Res. 46, a joint resolution proposing an amendment to the Constitution of the United States authorizing the Congress to prohibit the physical desecration of the flag of the United States.

S. CON. RES. 15

At the request of Ms. WARREN, the name of the Senator from Missouri (Mrs. McCASKILL) was added as a cosponsor of S. Con. Res. 15, a concurrent resolution expressing support for the designation of October 28, 2017, as "Honoring the Nation's First Responders Day".

S. RES. 162

At the request of Mr. LANKFORD, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. Res. 162, a resolution reaffirming the commitment of the United States to promoting religious freedom, and for other purposes.

#### ORDERS FOR TUESDAY, JUNE 20, 2017

Mr. YOUNG. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m., Tuesday, June 20; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate proceed to executive session and resume consideration of the Mandelker nomination; finally, that the time until the vote on the Long nomination be equally divided between the two leaders or their designees.

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

#### ORDER FOR ADJOURNMENT

Mr. YOUNG. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of our Democratic colleagues.

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

The Senator from Wisconsin.

#### HEALTHCARE LEGISLATION

Ms. BALDWIN. Mr. President, I rise tonight to join my colleagues in our fight to protect the health and economic security of the American people.

I am here to express my deep concern, anguish, and disgust with the fact that instead of working across party lines, working together to protect healthcare, instead, the majority is writing secret legislation behind closed doors—legislation that is going to make the American people pay more for less care and take healthcare coverage away from millions of American families.

I am disgusted because this issue is very personal to me. When I was 9 years old, I got sick. I got very sick. I was hospitalized for 3 months. I eventually recovered, but when it came to health insurance, it was as if I had a scarlet letter. My grandparents who raised me couldn't find a policy that would cover me, not from any insurer and not at any price. They had to pay for my healthcare out of their pockets, and they made incredible sacrifices to do so—all because I was a child who had been branded with those words "preexisting condition."

No parents or grandparents should have to lie awake at night worried that if their child has an illness or an injury, they will have no way to pay to cover their care. No child should have to lie awake at night hearing the whispered tones of their parents wondering how they might pay the bills to care for an ill child. It is not right, it is not fair, and it is not fundamentally who we are, but that is exactly what people were wondering last night in America, and they will do so again tonight. Families across this country will go to bed anxious and scared because of the partisan politics happening right here in Washington—the politics that is moving forward with a plan that will make things worse and not better for the American people.

This isn't just personal for me, it is personal for the Wisconsin families I work for. I have listened to them, and I am here to give them a voice.

This is personal for Jim from Appleton, WI, and for Jim's daughter who has multiple sclerosis. Jim told me that his family needs strong protections for people with preexisting conditions so that his daughter can continue to receive treatment that her family can afford.

This is personal for Greg from Stoddard, WI, who has no idea how he and other older Wisconsinites will be able to afford higher costs for their healthcare and for Greg's two sons, both of whom have diabetes and are already struggling with skyrocketing prices for insulin.

This is personal for Barbara from Madison, who is deeply concerned about cuts to Medicaid because her son has a disability and he relies on Medicaid to work and to live independently.

This is personal for Chelsey from Shelby, WI, whose daughter Zoe was

born with a congenital heart defect. Right now, Zoe is guaranteed access to coverage without being denied or charged more because of her preexisting condition. Chelsey wrote to me and said: "I'm pleading to you as a mother to fight for the . . . kids in Wisconsin with preexisting conditions that are counting on you to protect that right."

Does the congressional majority really care more about finding 50 votes for a secret plan than it does about the health and well-being of Zoe? Sadly, it appears they do. It appears they are more concerned with finding 50 votes for any legislation, no matter how harmful it is, just so they can notch up another partisan victory and so that they can move on to other things on their political agenda. They are not listening to American families or Wisconsin families, who will be left behind.

I want to tell you what the consequences are going to be when Washington does not listen to Wisconsinites like Jim and his daughter, from Appleton, or Greg and his two sons, from Stoddard, or moms like Barbara, from Madison, and Chelsey, from Shelby. The consequences are that things are going to get worse, like they do under the House-passed Republican plan.

If you are older, you are going to pay an age tax. A 64-year-old in Wisconsin might have to pay increases in excess of \$10,000 more in premiums. If you have a preexisting condition, like I do or like almost 2.5 million Wisconsinites do, the guaranteed protections and care that you have today may not be here tomorrow.

If you live in rural Wisconsin, this plan will only make it harder to access affordable, quality healthcare. For some living in northern Wisconsin, this plan could cost them up to \$6,000 more a year than they pay today.

Our rural hospitals are already struggling to keep their doors open, and this plan could make those challenges even worse. By the way, rural hospitals are often the lifeblood of their communities, the largest employers in many counties in which they exist. So if rural hospitals—even a few of them—are forced to close, it will not only make it harder for people to gain healthcare, it will also mean that people will lose their jobs.

If you rely on Medicaid for nursing home care or if, like Barbara, you have a disabled child who relies on Medicaid to live independently in the community, the House-passed bill cuts Medicaid and puts that care at risk. If you are one of the 35,000 veterans in Wisconsin or nearly 2 million veterans across the country who rely on Medicaid for healthcare coverage, your care will be at risk.

The House Republican proposal will both dramatically increase and shift healthcare costs to Wisconsin taxpayers and onto the shoulders of families for things like substance abuse treatment and mental health services.

It will make it harder in our State's fight and America's fight against the opioid crisis and could make the epidemic our country is facing even worse. Put simply, this plan will hand over more control to insurance companies, weaken health insurance protections, raise costs, and provide less care for the American people.

The American people cannot afford to sell a home or take out a second mortgage or home equity loan or spend their life savings or max out their credit cards or go bankrupt just to get the healthcare they need. It is not right. It is not fair. It is not who we are.

It is time to stop this partisan nonsense. The people of Wisconsin did not send me to the Senate to take away people's healthcare. They sent me to fight for people like Jim and Greg and Barbara and Chelsey and their children. Let's listen to these Wisconsinites. Let's take repeal off the table, and let's work in a bipartisan way. Let's work together to improve the healthcare people have today and make it more affordable, not more costly. Let's work in a bipartisan way. Let's work together to make things better, not pursue partisan plans to make things worse.

I call on my colleagues on the other side of the aisle to come out from behind their closed doors to join us in this fight to stop leaving people behind and start helping them get ahead.

I yield the floor.

**THE PRESIDING OFFICER.** The Senator from Oregon.

**Mr. MERKLEY.** Mr. President, I appreciate the remarks from my colleague from Wisconsin, who came here to champion the citizens of her State and the citizens of all of America. As she spoke so passionately about the need to make sure we have affordable, quality healthcare, that is really the theme that we are talking about. That is the value we are talking about, that in this great big, beautiful, wonderful Nation, the United States of America, everyone should have access to affordable, quality healthcare.

There are some colleagues here who do not share that value. They consider healthcare to be a privilege for the wealthy—healthcare for the wealthy, healthcare for the healthy—but not healthcare for all Americans. They say: You can't afford healthcare? Too bad.

They have a plan of 13 Republicans meeting in secret—the secret 13—even meeting in a room to which the hallway is not accessible to press because they are afraid to have the cameras showing them as they go into the room and out of the room. If you are ashamed to see yourself going in and out of a room and for your constituents to see that, shouldn't you be ashamed of what you are concocting? Shouldn't you really wonder if you are doing the right thing in saying to your constituents: I am not going to show you the bill because I know you will not like it. I am going to keep it secret, and I am going to bring it out at the last

minute. I am going to employ a tactic that does not belong in the Senate.

This is supposed to be a deliberative body—once called the world's greatest deliberative body—but under this leadership, it is now the body of zero deliberation, zero committee meetings, zero markups, zero chance for the public to weigh in, zero chance of hearing the experts and taking their insights into account. That has to change.

We need three of our colleagues who believe in this Nation, who believe in the Constitution, written with those beautiful three words “We the People.” They need to stop thinking about “we the powerful” and “we the privileged.” They have to stop thinking about how they help their friends in the gated communities of America or in the corporate suites of America. How do you help working Americans? How do you help struggling Americans?

Franklin Roosevelt said that the test of our progress should not be whether we do more—add to the abundance of those who have much—but whether we do enough for those who have little. Yet the philosophy of this bill that the secret 13 is cooking up is about giving more to the abundance of those who have much and taking away from those who have little. It is the opposite. It is government by and for the wealthy and government by and for the powerful and government by and for the privileged.

Have they forgotten the first three words of our Constitution? Have they forgotten that the philosophy, as Jefferson put it, was that we would have outcomes that would reflect the will of the people? If you are afraid to share the bill with the people of America, you are certainly not pursuing the will of the people of the United States of America.

What is really in this bill?

On the one hand, we understand that it is going to take healthcare away from millions of Americans. They are saying that it might do it a little more slowly than did the TrumpCare bill.

As for the TrumpCare bill, the President himself said it was “mean,” and he used a derogative slogan, which I will not repeat on this floor, to say how terrible it was. Why did the President call it “mean”? Was it that it was taking away healthcare from an estimated 23 million people? My colleagues, we understand, are going to do it more slowly, inflict that damage over a number of extra years. Does that make it right to hurt people? Does that make it right? In the meantime, they are going to hand out an insurance bag of goodies to the health insurers of \$127 billion. Strip healthcare over here. Give goodies to the insurance companies over here.

What happens to those who are in long-term care and nursing homes? More than 6 out of 10 Americans who are in long-term care are there because they are paid through Medicaid. They have to pay down all of their income and their wealth before they can use

Medicaid. This is the last resort. It is the last thing they have. Medicaid comes to the rescue.

I visited a couple of nursing homes over the weekend, one in an urban area and one in a rural area. I encourage my colleagues to go visit a nursing home and talk to the men and women who are there. They are so thankful that they have that care.

One woman said to me: “Medicaid is how I am paid for.”

Her name is Deborah.

Deborah said: “Medicaid is how I can afford to be here. If you take it away, I am out on the street. Being on the street is a problem because my legs do not work.”

Picture that individual being thrown into the street. She is in her wheelchair because her legs do not work. Where is she going to sleep? How is she going to feed herself? Where is she going to bathe?

Then I went to a nursing home in rural Oregon, which was down in the south, Klamath County. At that nursing home, they told me that almost 100 percent of their long-term care patients are paid for by Medicaid—almost one 100 percent. Imagine that entire hallway of individuals swept out, tossed out.

And why? What else do we have in this bill? Oh. Give tax deductions and gifts to the health insurance executives. First we have gifts to the health insurers and then another \$18 billion to the health insurance executives.

Then my colleagues say: Let's make insurance cheaper by getting rid of the essential benefits. That way, people can have an insurance policy for less.

But unfortunately it is not worth the paper it is written on. We have been there. We have seen that. There is a reason you set a floor as to what the benefits are. It is so that when you actually get sick and need to go to the emergency room, you can actually go. When you actually get sick and need an operation, you can actually get it. When you break a leg, you can actually get it set. When you need treatment for a disease, you can actually get the treatment. When you are having a child, you can actually get maternity care. These are the fundamentals. They are not the fancy end of healthcare. It is not the fancy end that you might find with some executive healthcare packages. These are the basics, the essential basics. My colleagues want to strip that away.

On the other hand, they say: Hey, we have so much money that we can give tax giveaways to the prescription drugmakers—\$29 billion to the prescription drugmakers.

Then they want to destroy the rural healthcare clinics and hospitals. I was in four of my rural counties this weekend. I was in Klamath and Lake, and I was in Grant and Wheeler. I held townhalls. People came out and spoke to me.

These folks said: Do you know that our rural clinics are the heart of our

communities, and they are what allow people to live here with the confidence that they can get the healthcare they need instead of having to go to some city that is hundreds of miles away or maybe not even be able to get care at all on a timely basis?

They love their hospitals that provide care in the bit larger communities in rural Oregon.

Yet, as for the heads of these hospitals and the heads of these clinics, what do they say? They say that without the Affordable Care Act and the vast decrease in uncompensated coverage, they would have to fire a whole lot of employees and provide a whole lot less healthcare.

One doctor from a clinic in the northeast corner of the State came to me and said: We doubled—roughly doubled—the amount of healthcare we are able to provide, and we are so remote, and it is so important to be able to have that nearby.

So why do my colleagues really dislike healthcare in rural America? Why do they want to undermine it? Well, they can give away more money to medical device makers—\$20 billion to medical device makers—and all of this is before we look at the fact that they are giving more than \$200 billion away to the richest Americans. So over here, let's strip the essential benefits. Let's destroy the health clinics. Let's undermine the rural hospitals. Let's make it challenging for those with preexisting conditions. Let's take those in nursing homes and make sure they are not able to be in nursing homes and, magically, maybe they will get cared for some other way so we can give tax giveaways to the health insurers, tax gifts to the insurance executives, tax goodies to the prescription drug makers, and special tax provisions to the medical device makers, and then give \$200 billion to the richest Americans. Isn't that the opposite of the test of our progress? Here, in the United States of America, under a system of government that is supposed to be of the people, by the people, for the people—this bill is by the privileged and powerful, for the privileged and powerful. And not just that, but let's really hurt ordinary working people and struggling Americans in the process right where it really gets them—right here—at the fundamental heart of the peace of mind they get from knowing that currently they have access to healthcare.

I don't know that anything is quite so disturbing as worrying about the fact that if your loved one gets sick, will he or she be able to get the care he or she needs? If your loved one gets sick, will he or she go broke? And what about your neighbor, and what about your extended family? This Republican bill is all about creating stress and anxiety and bad outcomes for ordinary working Americans, ordinary middle-class Americans, ordinary struggling Americans.

They didn't send us here to the Senate to do this. That is why the secret 13

are meeting in secret. That is why they don't want to meet in a room that has a hallway where the reporters can be. That is why they don't want to answer the questions in the hallway about whether they will vote to proceed to a bill without letting the people of America weigh in on it.

Shouldn't everyone here be willing to answer that question: Are you willing to vote to move to a bill that has had no public process? Aren't you working for the people of America? Or, as this bill says, are you just working for the companies and the rich? That is it, and too bad for everyone else.

Aaron in Portland wrote to me. Because she has been diagnosed with diabetes, she is terrified that if TrumpCare goes through, her condition will be considered a preexisting condition, and she won't be able to afford the coverage she needs. She says: "Although through committed lifestyle changes and family support, I have done well managing this condition, I will be marked as high risk along with my age."

Ellen from Medford, the southern part of our State, tells me that she has the challenge that her baby daughter was in a catastrophic accident just days before her second birthday. Her husband had just switched jobs and didn't have health insurance yet. But, fortunately, Medicaid—that would be the Oregon Health Plan—was there for them, and her daughter got the life-saving care she needed. That is anxiety for an ordinary person. Do you have health coverage when you are switching jobs? Is there one health insurance you can afford?

My colleagues want to strip healthcare from Ellen in Medford so they can cut \$800 billion in Medicaid overall, so they can give tax giveaways to powerful corporations and the richest Americans. It is just wrong, morally wrong, and wrong in every possible way.

Marilyn from Ontario says that she is living with two autoimmune diseases—difficult to pronounce, so I won't. She was diagnosed before the ACA became law, but rather than be denied coverage outright by her insurance company, she was told she could be covered if she paid a monthly premium of about \$1,000 with a \$20,000 deductible—\$20,000 deductible. Needless to say, that wasn't helpful to her. Marilyn went 5 years without insurance, and she ended up being very sick. She had to borrow against her home, leverage her home. She had to deplete her retirement savings. And she had to make payments on \$64,000 worth of credit card debt, run up in order to cover her healthcare.

Then the ACA came along, and Marilyn was able to afford insurance, and she got community pricing. In other words, despite these preexisting conditions, you pay the same price as everyone else. That is so important to peace of mind about healthcare. Just saying that you will have "access to

healthcare"—a favorite phrase some of my colleagues use—if you can pay extraordinarily high prices that I know you will not be able to pay, that is not access. That is teasing people. That is cruelty to say: Oh, yes, we are going to make sure you have access; as long as you are a millionaire and you can pay a ton every month, you have access. We have taken care of you. You have access. No, that is not access. Affordability is critical to having a functioning healthcare system, and Marilyn will probably be priced out of the market again with the Republican strategy.

How about Lisa in Corvallis, a single parent of three children, two with serious medical conditions that have placed them on permanent disability. Lisa faces some hard times, and I will let her words speak for themselves. She says:

Our family was very fortunate and eternally grateful that the ACA passed while I held that job, because in 2015, my middle child was hospitalized for the first of four times in the last two years. And, in March of 2016, I developed a serious heart condition which my doctor attributes in part to stress.

She goes on to say:

In June of 2016, my employer declined to renew my contract, and if it weren't for the ACA, I would have been out of a job and completely without medical coverage, this time with a serious and expensive preexisting condition.

The stories are coming in through emails. They are coming in through my townhalls. They are coming in over the phones. They are letting us all know—and not just in States represented by folks on this side of the aisle, but every Senator here is getting these letters.

So I say to my fellow Senators: Read these letters from your constituents because I know that your constituents are in the same position my constituents are in. Be a champion for them. Be a champion for struggling families, for working families, for middle-class families. Honor the role and responsibility of representing all of the people of your State, not simply powerful companies and your richest constituents but all of your citizens. That was the vision on which our country was founded, and that is the spirit in which Franklin Roosevelt said: This test of our progress is not whether we give more of the abundance to those who have the most, but enough to those who have little.

Enough means affordable, accessible healthcare for every single person in America. Tearing that down is wrong morally and wrong to do it secretly and wrong in terms of the enormous damage that it will cause.

I am pleased to see my colleague from Pennsylvania, who has been a champion for working Americans every day he serves in this Chamber. He particularly makes sure that all of us are thinking about the impact on children, and there is so much of this secret Republican plan that is going to hurt the children of America. I appreciate the insights that he shares with all of us as

he urges us to ponder and do better every time we consider legislation.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I want to thank my colleague from Oregon for bringing the passion and the determination that he brings to his work, especially when it comes to healthcare.

I spoke earlier tonight about the potential impact of any Senate bill, but of course the impact that we know already with regard to the House bill, because the House bill is legislation that passed and legislation that we can analyze as it relates to the impact on children, especially children with disabilities.

Of course, when it comes to healthcare generally, but, in particular, Medicaid and what Medicaid provides to children, we know the impact nationwide. In my home State of Pennsylvania, we have 1.1 million children who are covered by Medicaid. So I am very concerned about any effort that would undermine or ultimately extinguish the ability of Americans—especially children—to have the benefit of Medicaid expansion, but, of course, the Medicaid program itself. It is especially insulting when some would support cuts to the Medicaid Program that would undermine or even threaten to undermine healthcare for children with disabilities. I spoke earlier of two children in particular.

I will come back to children in a moment, but I wanted to go to the other end of the age scale—older Americans. So many people think of healthcare for people over the age of 65 to be solely limited to Medicare, not Medicaid. But, of course, we know that Medicaid plays a role as well.

One of the parts of our healthcare infrastructure that may not be as well known is the impact that Medicaid has on supporting aging older adults, in particular, with regard to supports and services. We know Medicaid is critical to supporting aging older adults, providing them dignity and choice as they age. Medicaid covers long-term services and support for low-income, older adults and adults with disabilities, including nursing home and home community-based programs.

Generally, health insurance does not cover long-term supports and service costs. Medicare coverage for those services can be limited, and private, long-term care insurance is unaffordable for many Americans. So spending on long-term supports and services for older citizens accounts for almost two-thirds of all Medicaid spending. I said Medicaid, not Medicare. A lot of people don't know that we spend that much in terms of long-term supports and services.

To give this perspective, in 2016, the median annual cost for a year of home health aide services was over \$46,000—for home health aide services. The median cost for a semiprivate room at a nursing facility was \$82,000—a much

greater cost. So we know the impact of those numbers. About a third of the people turning 65 will require nursing home care at some point during their life. So these are big costs, and we have to make sure that as we move forward, we can provide this kind of care for aging adults.

Three-fourths of nursing home residents will eventually be covered by Medicaid. So if you are going to a nursing home and you spend down, the only option for you in most instances is Medicaid. We know that in about a 1-year timeframe, between July of 2015 to June of 2016 in Pennsylvania, 123,000 Pennsylvanians aged 55 and older received long-term supports and services through Medicaid. One group of about 80,000 Pennsylvanians received those long-term supports and services at a nursing home. Another group of about 50,000 Pennsylvanians 55 and older received Medicaid home and community-based services.

There are lots of numbers there and lots of data, but the key thing is, we know the great dependence folks have on the Medicaid Program in addition to the obvious benefits provided by Medicare. So cuts or per capita caps on Medicaid would have a devastating impact on older Americans.

I know the closed-door secret discussions taking place in the Senate between among only a small group of Republicans so far—we know those kinds of discussions are taking place. What will they do with regard to Medicaid? Will they cut it outright or will they put a per capita cap on it or will they send it back to the States and tell the Governors and State legislatures they have to balance their budget? It is up to you to provide most of the Medicaid services. The Federal Government is getting out of that business or at least transferring substantial responsibility to the States.

So we have to be vigilant about that and make sure we do everything we can to put the interests of older citizens and the priority of taking care of them at the front of the agenda.

Research also shows that Medicaid dollars play a role in supporting a lot of good-paying jobs in a State like Pennsylvania. We are told that over a quarter of a million jobs in the long-term care field—meaning long-term supports and services—are Pennsylvania jobs right now. So any change there could have an adverse job impact. The Commonwealth Fund and George Washington's Milken Institute released a report projecting 942,000 fewer jobs in 2026 and that nearly every State would experience an economic downturn if the Republican bill were to become law based upon the House bill as we know it. As we were told most recently by a Republican Senator, the Senate bill will reflect the House bill about 80 percent. So we have a sense of the outlines of the Senate bill, if not all the details yet.

In Pennsylvania, this same report by George Washington University's

Milken Institute said that just in Pennsylvania, the job impact would be 85,000 fewer jobs by 2026, and of those 85,000, more than 52,000 of those jobs would be healthcare jobs which would be lost if the Republican bill were to be enacted into law.

We get a sense of the job impact, we get a sense of the healthcare impact when it comes to cuts to Medicaid that are substantial. As we know, the Congressional Budget Office told us that were the House bill to be enacted into law, in that decade, 14 million folks on Medicaid would lose their coverage. That is on page 17 of the CBO report.

When we look at it by county in Pennsylvania, we can see the impact in this age category of 55 and up. Allegheny County—our second largest county by population—over 10,000 Pennsylvanians over the age of 55 receive care in a nursing home or at home because of Medicaid. That generated nearly \$360 million in payments to providers in the county, a huge impact in addition to the impact on the care people receive.

I will not go through every county, of course, but just to give a sense of it. Cambria County, a much smaller county by way of population—where Johnstown is in the southwestern corner of our State—1,100 individuals in Cambria County age 55 and older receive care in a nursing home or at home because of Medicaid. That is about a \$36 million impact on that county. In my home county, Lackawanna County, where Scranton is located, 2,500 Pennsylvanians over the age of 55 receiving nursing home care because of Medicaid, a \$96 million impact just in Lackawanna County. I will not go through all the counties, but we can see the impact on both care and jobs when it comes to the impact of Medicaid on long-term care, support, and services.

We talked earlier about Medicaid and the impact on children. I don't think it has been at all clear until recently the reach and scope of Medicaid when it comes to children. Forty percent of every child in the country is covered by Medicaid. I mentioned earlier tonight, and I will say it again: Sixty percent of all children with disabilities ranging from autism to traumatic brain injury, and a lot of disabilities on that list in between, rely upon Medicaid.

I said the Republican plan at the bare minimum should guarantee every child with a disability who has Medicaid coverage today would in fact have that coverage going forward for whatever time they need it because I think that is part of who we are as a country. When a child has a disability that is so substantial in terms of the impact on that child and his or her family and they have Medicaid, nothing the U.S. Senate should do should undermine that in any way. I would hope, at a minimum, our Republican colleagues would ensure that. I think it is insulting to even create doubt or uncertainty or create any degree of anxiety for a

family to have to watch this bill proceed—either the House bill that was passed or the Senate bill which is in formation right now. For any family who has the benefit of Medicaid and has a child with a disability to in any way be anxious or uncertain because of what might happen here, I think is an insult to them and to our values as Americans.

We are a great country. We can make sure children with disabilities have the benefit that comes from the early periodic screening and diagnosis, preventive care, the quality care that comes from services provided by Medicaid for kids with disabilities. We are a great country. We can pay for that and still be a growing economy, still have the greatest military in the world, still have the strongest GDP in the world. We can do all of that and still take care of the children.

I guess some believe the only way to prosperity is to say we have to substantially cut back on Medicaid, to the point where 14 million Americans lose their coverage over 10 years, but we still, at the same time, have to give tax cuts to the very wealthy. One estimate showed the original House bill—the one that didn't get a vote but was substantially similar to the one that did get a vote—the first bill gave to 400 Americans a tax cut of some \$7 million each. How does that make the country stronger when you are cutting back on Medicaid and giving gross substantial tax cuts to people who already are worth hundreds of millions of dollars or maybe even billions of dollars? I don't see how that moves the country forward to shortchange folks on Medicaid, especially if it were to adversely impact a child with a disability.

We mentioned all of those impacts, but I think it is especially devastating when it gets down to an individual family. I talked earlier about Rowan Simpson whose mom wrote to me months ago. I had the chance to meet Rowan and his mom and dad just last week for the first time in person, but the idea that Pam Simpson—or any parent—would be at all uncertain or worried about what would happen here in the next couple of days or weeks is really an insult to who we are as a people.

I hope those who are behind closed doors making decisions as we speak—maybe they are done for the day now, but I hope they will be thinking about Rowan and his mom and their family.

I mentioned the overall impact of Medicaid on children. In particular, we know the Medicaid Program, of course, in addition to covering children with disabilities, covers adults with disabilities as well. In my State, by one estimate, it is over 720,000 people. Across the country, in 2015, there were 15 million people with disabilities who were Medicaid beneficiaries. Through Medicaid, those 15 million people receive assistance with their healthcare. They get the benefit of durable medical equipment, such as wheelchairs or as-

sistive speaking devices. They get long-term supports for daily living, such as personal care attendance because of their disability. So Medicaid is now the primary payer for healthcare services for those with disabilities. It is also the primary payer for long-term supports and services that help people with disabilities live independent lives.

In many cases, these long-term care supports and services also make it possible for a person with a disability to hold down a job because of the support they get from Medicaid.

We know that in 2014, across the country, the average spending for a person with a disability enrolled in Medicaid was a little more than \$19,000. In Pennsylvania, it was a little more than 18,300. The average annual growth in enrollee spending for persons with a disability between 2000 and 2011 was 4.5 percent. In my State, it is a little more than that almost. It is almost 5.7 percent, and we have seen the outline of a proposal that would limit that annual growth to about 2.4 percent. I would hope those who are working on the Medicaid provisions would take into account the reality of what it costs to provide help to someone with a disability and not come up with some arbitrary number to cap or limit what an individual with a disability would have available to them, especially by way of Medicaid or otherwise. They are dependent upon and have a right to expect that kind of healthcare would continue to be provided.

We will see what happens. I know those who are behind closed doors have a sense of those numbers. I hope they would be very determined to make sure no one with a disability is worse off as a result of their efforts, but that is the reality people with disabilities live with. I think when we consider what some families are up against right now, many families have just barely come out of the last recession. Some families lost their home, some families lost their home and their job or even if they lost a job and have since recovered because they are employed or partially recovered, sometimes the job they have isn't the job they had prior to the recession.

I can only imagine what it is like to have the kind of economic stress some live with because they have lost a job or the job they have now doesn't pay what their old job paid. On top of all that, if your son or daughter or someone in your family has a disability and the only thing that has kept you above water or allowed you to get from one day to the next to make ends meet is the availability of Medicaid for that individual and the family who needs that kind of help—we will see what the bill drafters come up with. Every indication so far has been very negative and very much adverse to the interests of those families—those millions of families who depend upon Medicaid for basic healthcare, especially the basic healthcare that would be connected to a disability, whether that disability is

a physical disability of one kind or another or whether it is a disability because that child or adult is on the autism spectrum or whether it is a child with Down syndrome who is dependent upon Medicaid or is dependent upon some other healthcare program that would be adversely affected.

We can debate the outlines and the broad numbers of this legislation, but what I hope would not be up for debate is that those who now have the benefit of Medicaid because of a substantial burden in their life—meaning a disability because of circumstances that require one individual to have the benefit of long-term care, where the family has spent down their assets to such an extent that only Medicaid can allow that loved one to get into a nursing home—I would hope that it would not be much of a debate that we should continue to help those families and those individuals.

At a minimum, I think we can agree between the two parties that vulnerable Americans who depend upon Medicaid and other healthcare programs will be protected. I think that is something on which both parties should be able to agree. Unfortunately, the House bill in no way agreed with that assertion. That is why it was particularly objectionable, and that is why you have an array of organizations across the country that came out against the bill, those who have experience delivering healthcare to the vulnerable, those who have experience making sure people with disabilities are given that kind of help and that kind of care. If the Senate bill is substantially similar to the House bill, those with disabilities will be substantially and adversely and, I am afraid, irreversibly impacted to such an extent that we wouldn't be the same country we are today if those individuals lost their healthcare and lost the benefit of those healthcare services.

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

#### ADJOURNMENT UNTIL 10 A.M. TODAY

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 10 a.m.

Thereupon, the Senate, at 12:03 a.m., adjourned until Tuesday, June 20, 2017, at 10 a.m.

#### NOMINATIONS

Executive nominations received by the Senate:

##### DEPARTMENT OF DEFENSE

JOHN H. GIBSON II, OF TEXAS, TO BE DEPUTY CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF DEFENSE, VICE PETER LEVINE.

##### EXPORT-IMPORT BANK OF THE UNITED STATES

SPENCER BACHUS III, OF ALABAMA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE EXPORT-IMPORT BANK OF THE UNITED STATES FOR A TERM EXPIRING JANUARY 20, 2021, VICE LARRY W. WALTHER, TERM EXPIRED.

##### FEDERAL DEPOSIT INSURANCE CORPORATION

JAMES CLINGER, OF PENNSYLVANIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE FEDERAL DEPOSIT INSURANCE CORPORATION FOR A TERM OF SIX YEARS, VICE JEREMIAH O'HEAR NORTON, RESIGNED.