

convert the revenues from a nonrenewable resource—oil—into something that will make an enduring contribution to the growth and the prosperity of future generations.

Our pipeline has also allowed us to keep our tax burdens low, which is critical in a State like Alaska, where the cost of living is extraordinarily high. Alaska has one of the lowest tax burdens of any State, and that is thanks to the Trans-Alaska Pipeline System. It also allows us to keep other industries, whether it is fishing or tourism—keep their taxes much lower than they would otherwise be. The scale of this is often hard to imagine.

Dr. Terrence Cole, who is a history professor at the University of Alaska, put it this way back in 2004: “Prudhoe Bay oil was worth more than everything that has been dug out, cut down, caught, or killed in Alaska since the beginning of time. The discovery of the Prudhoe Bay oil field in the late 1960s fulfilled even the most optimistic dreams for statehood.”

From day one, Alaska’s pipeline has also strengthened the energy security of our Nation. Remember, TAPS began operating in the wake of the first Arab oil embargo. It helped tide us over during the 1979 oil crisis. It has insulated us from OPEC and has lessened our dependence on nations who do not share our interests. It has provided reliable and affordable energy that is needed by millions of Americans all up and down the west coast. It really is hard to imagine Alaska without the Trans-Alaska Pipeline. It is hard to imagine the consequences that America would have faced without the 17.5 billion barrels of oil that it has now safely carried to market. Think about that—17.5 billion barrels of oil over the past 40 years. It is no exaggeration to say that, while we built a pipeline, that pipeline helped us build our State.

Today, as we mark the 40th anniversary of TAPS, we can also take stock of the challenges that it faces. Many are a direct result of the decisions made—or perhaps not made—in this very Chamber. While our pipeline once carried 2.1 million barrels of oil per day, accounting for a full quarter of America’s supply, today, that amount has been crimped down to just over 500,000 barrels a day. It is not due to lack of resources—not at all—but instead it is due to our lack of access to those resources. Alaska has never lacked for energy, just the permission to produce it, despite the promises that had been made to us at statehood and beyond.

According to the Federal Energy Information Administration, we have at least 36.9 billion barrels of oil. That is enough to produce 1 million barrels a day for the next 100 years. We have prolific potential in our National Petroleum Reserve, which was specifically set aside for oil production. We have world-class resources in our offshore areas, in the Beaufort, and in the Chukchi Seas in our Arctic Outer Con-

tinental Shelf. We have what is believed to be North America’s largest untapped conventional oil field, which would occupy about one ten-thousandth of the nonwilderness 1002 Area within the Arctic National Wildlife Refuge. Again, this is an area that was specifically set aside for development, and the Federal Government recommended that it be opened for that purpose back in 1987—a 30-year anniversary there.

So while we have the resources, what we need are partners at the Federal level who will work with us to restore throughput to the Trans-Alaska Pipeline. I welcome the new administration and its commitment to helping us produce energy—energy for Alaska, energy for the Nation.

I want to end with a quote from the Fairbanks Daily News-Miner. This is an opinion piece by VADM Tom Barrett, who is the president of Alyeska Pipeline Service Company. This is the TAPS operator. He has written this opinion piece, and he states as follows: “Though there has been a lot of change on TAPS in 40 years, one unwavering constant remains: the commitment of the people who work on TAPS today to provide safe, reliable, operational excellence, 24 hours a day, seven days a week, resilient amid all of Alaska’s extreme geography and weather.”

I think about the men and women—the engineers, the workers, the contractors, and all those who do such an incredible job to deal with the day-to-day to keep that oil flowing safely. Again, as we recognize 40 years of safely transporting this oil, I want to repeat to my colleagues: TAPS, or the Trans-Alaska Pipeline System, is not just a pipeline; it is an economic lifeline for us. It is source of security and prosperity for us as a nation.

So I join my delegation and my colleagues—Senator SULLIVAN and Congressman YOUNG—and all of the Alaskans who are marking this anniversary today, as TAPS reaches 40 good years. We look back, and we appreciate the past, but we also look forward and set our sights on another good 40 years to come.

Mr. President, I thank you, and I yield the floor.

The PRESIDING OFFICER (Mr. HOEVEN). The Senator from New Mexico.

#### HEALTHCARE LEGISLATION

Mr. UDALL. Mr. President, I am happy to be joined today on the floor by Senator HEINRICH, who has been a real fighter for healthcare for New Mexicans, and I am looking forward to staying on the floor and hearing him talk about how he feels about this Republican healthcare bill as well.

I rise today for the third time this session to oppose plans by President Trump and the Republicans to gut our healthcare system and to throw millions of Americans off their health insurance.

On May 4 of this year, the day that House Republicans narrowly passed

their TrumpCare bill, the President held a celebration at the White House in the Rose Garden and pronounced the bill a great plan.

Well, TrumpCare may be a great plan if you are wealthy and healthy, because if you are wealthy you get big tax cuts and if you are healthy, your premiums may not go up, and may even go down—that is, until you are sick.

TrumpCare is not a great plan if you are over the age of 62, if you are a hard-working family trying to make ends meet, if you live in a rural area, if you have or have not had an illness like cancer or heart disease or diabetes, or if you are a woman. Twenty-three million Americans will be left high and dry—out of health insurance by 2026. They don’t think TrumpCare is a great plan. To them, it is a mean plan. Actually, those were President Trump’s own words several weeks after the Rose Garden celebration. President Trump came clean with the Senate Republicans, admonishing them that the bill is “mean” and needs to be more “generous, kind, and with heart.” For the first time since his inauguration, I agree with the President on healthcare.

Since day one of the 115th Congress, Republicans have had the Affordable Care Act in their sights, and so has the President. They have tried mightily to do away with the rights and benefits under the ACA. But there is good news. The American people have rallied. They have called, they have emailed, and they have gone to town halls. They have marched, they have made their views known, and they have shared their stories. So far, they have stopped Republicans from gutting our healthcare system.

Just this past Saturday in my home State, simultaneous rallies in opposition to TrumpCare took place in 20 counties. I say to them: Keep up the fight, and I will continue to fight as hard as I can. We need to do all we can to stop this attack on healthcare.

The consequences of upending our healthcare system are enormous. They are enormous for the 20 million Americans who now have healthcare because of the ACA through private insurance and through Medicaid expansion. TrumpCare hurts the most vulnerable—the elderly, the disabled, and those with fewer resources.

The consequences of gutting the ACA and restructuring Medicaid are enormous for our economy, one-sixth of which is related to healthcare. They are enormous for hospitals that rely on third-party reimbursements under the ACA and Medicaid expansion. These hospitals need those revenues, and even more so for rural hospitals that keep their doors open thanks to the ACA, as well as the Indian Healthcare Service facilities, which have reduced wait times and added services because of the ACA.

But the majority in Congress refuses to hold hearings, and they are blocking all public participation. This is unconscionable, and it is undemocratic.

Before Democrats voted on ObamaCare, the Senate held 100 committee hearings, roundtables, and walk-throughs. The final Senate bill included 147 Republican amendments. The majority leader has missed an opportunity for political and moral leadership on one of the most important issues we face. Senator MCCONNELL should have an honest and open process, including Senate committee hearings, with full public participation and a chance for patients to tell Congress how this proposal impacts them—not hidden meanings, not limited debate and a simple majority vote.

Americans deserve an open process from their elected leaders. That is why I introduced a bill last week with my Democratic colleagues called the No Hearing, No Vote Act. This bill would require a public committee hearing for any legislation that goes through the fast-track budget reconciliation process, including the TrumpCare legislation.

Members of Congress were elected to improve lives, not destroy them, and I believe we need bipartisan cooperation to ensure we don't do that.

If we wanted to improve on ObamaCare, we could: No 1, make sure that all Americans have healthcare; and No. 2, make healthcare more affordable.

So I will tell my colleagues what is really happening here. The American people don't want the benefits they have gained through ObamaCare to be repealed and replaced with an inferior plan. They do not support TrumpCare. Only 17 percent of Americans support the House Republicans' current bill. With this degree of public opposition, it is baffling that Republicans keep pushing the bill that kicks 23 million Americans off their healthcare.

But the moral underpinnings of TrumpCare are as bankrupt as Trump's New Jersey casinos. The winners of TrumpCare are the wealthy, and the Republicans are plainly serving those interests. The Republicans can keep trying to hide TrumpCare, but Americans understand that it is just plain wrong.

I want to talk about a few of the ways that it is just plain wrong. While women make up half of our population, no women serve on Senator MCCONNELL's healthcare working group. Yet women are uniquely affected by TrumpCare. For example, the range of cost-free preventive services under the Affordable Care Act includes screenings for breast cancer, including mammograms, bone density screenings, cervical cancer screenings, domestic violence screenings and counseling, breast feeding counseling and equipment, contraception, and folic acid supplements. All of these services were critical to maintaining women's health and the health of their babies as well.

New Mexico leads the Nation in the percentage of births that are covered by Medicaid at 72 percent of all births

in the State. So these services that are now available to every woman are essential.

TrumpCare would repeal the cost-free preventive care requirements for the Medicaid expansion population. Not only would this repeal risk the health of women and their babies, but it would result in increased medical care costs overall. Preventive medical services save money in the long run.

The Affordable Care Act requires insurance plans to provide a range of essential health benefits. For women, these required services include maternity and newborn child care. But TrumpCare would allow States to apply for a waiver to define their own essential health benefits beginning in 2020. So States could choose to exclude maternity and newborn care, and women would end up paying more for this care. The result is women not getting the care they need.

TrumpCare would cut Medicaid funding to Planned Parenthood for 1 year. Planned Parenthood provides preventive medical and reproductive health services to women and men, and Planned Parenthood funding provides a safety net to low-income women. According to the CBO, cutting off Medicaid payments to Planned Parenthood for 1 year would mean a total loss of access to services in some low-income communities because Planned Parenthood is the only public provider in some regions.

Take Elena from Albuquerque, NM. When she was 30 years old and in law school, Elena found out that she had the BRCA gene mutation, which puts her at a much higher risk for breast and ovarian cancer. The treatments for the BRCA gene mutation include a mastectomy and ovary removal—treatments she couldn't afford.

Thankfully, Elena qualified for Medicaid under the expansion. She got her breast cancer screenings and decided to have a mastectomy because of the cancer scare. Elena had three surgeries, costing thousands of dollars, covered by Medicaid, and now the chances of her getting breast cancer are very low. But Elena now worries that if she decides to have her ovaries removed and TrumpCare becomes law, she will not be able to have this potentially life-saving surgery. If she has had a lapse in Medicaid coverage, her Medicaid expansion coverage will be gone, and because TrumpCare would end the ban against insurance companies denying coverage for people with preexisting conditions, she may never be able to get insurance or surgery.

Public schools and schoolchildren will be hurt by TrumpCare. Schools are now eligible to receive Medicaid funds for necessary medical services for children with disabilities. Schools are reimbursed for vision, hearing, and mental health screenings. These services help children get services early so they can be ready to learn.

Right now, New Mexico schools are reimbursed \$18 million from Medicaid,

but under TrumpCare, States would not have to consider schools' Medicaid-eligible providers, and the costs would be on the public schools. The problem is, New Mexico public schools cannot take on these kinds of costs. That might mean hundreds of schoolchildren each year will go without vision, hearing, and mental health treatment because no one else will be able to provide them.

Dr. Lynn McIlroy, superintendent of the Loving Municipal Schools, a rural school district in Southeastern New Mexico, said:

Medicaid funding is vital to our continuum of care and service to the majority of our students. Often, our school nurse is the only medical professional our students ever see.

New Mexico has one of the highest percent Native American populations in the country, more than 10 percent of our residents. Even though many Native Americans receive healthcare through the Indian Health Service, IHS has not always been able to provide needed care due to a lack of funding. Medicaid expansion has changed that and changed that dramatically.

Dr. Valory Wangler, who works with the Zuni Pueblo, says: Since the Affordable Care Act, patients of Zuni have access to special services that were once difficult to fund and often delayed or denied.

An IHS physician working on the Zuni Reservation had a patient with severe arthritis that was making it difficult for her to stay physically active and work at a local school. She needed knee replacement surgery. Before Medicaid expansion, IHS had trouble funding knee replacements, and the surgery was denied for years because IHS could only afford to pay for life and loss of limb services. This patient is now on the Medicaid expansion. She was able to get a total knee replacement, is working full time, staying fit, and is no longer in pain.

One of the ACA's most popular provisions is the protection from discrimination if you have a preexisting condition. This is one of the most mystifying parts of TrumpCare. Republicans would end that protection by allowing States to waive out and set up high-risk pools.

All of us know someone with a serious illness or condition, like Kitt here. Kitt is 4½ years old and has type I diabetes that will require lifelong care. Her mother Dana is worried about TrumpCare. Dana says: It breaks my heart that elected officials are leaning toward dropping the Federal mandate to guarantee affordable health insurance for those with preexisting conditions. Sit down with a child who has an unbearable disease and be their warrior in DC to make everything possible for that special soul and their family to have an easier tomorrow.

I hope we will all be those warriors to protect that healthcare program which has been put in place for them.

I yield to Senator HEINRICH.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. HEINRICH. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. HEINRICH. Mr. President, I want to start by thanking my colleague from New Mexico, Senator UDALL, for his advocacy on behalf of the pieces and parts of our healthcare system that are so important to the State of New Mexico. Things like rural hospitals, opioid treatment, Indian Country, he has been an incredible champion on those. That is part of the reason why both of us come to the floor today, given what is at stake.

Last month, President Trump and House Republicans rushed through a disastrous healthcare bill that would leave average New Mexico families paying thousands of dollars more for less healthcare coverage. It would destroy the Medicaid Program as it currently exists in our State and throw our entire healthcare system into chaos. Now Senate Republicans are drafting their own version of a similar healthcare bill in complete secret, behind closed doors, with absolutely none—bipartisan input.

This lack of transparency and departure from regular order is unacceptable and deeply irresponsible, especially when every single American family's healthcare coverage is at stake if this bill ever becomes law.

While we don't know for sure what the Senate Republicans' version of TrumpCare will look like, media reports say it is shaping up to look more and more like the train wreck of a bill that President Trump and House Republicans celebrated in the White House Rose Garden just a couple months ago, a bill President Trump reportedly said in another closed-door meeting with Republican Senators last week was, in his words, "mean" and cold-hearted.

The House-passed TrumpCare bill is devastating to low-income families, to seniors, to Americans living with pre-existing conditions. This isn't so much a healthcare bill as it is a tax cut for the ultrarich masquerading as healthcare reform. You don't have to take my word for it. You can look at how the nonpartisan Congressional Budget Office described its projected impacts of the House-passed TrumpCare bill.

According to the CBO's analysis, TrumpCare would strip 14 million of their health insurance next year and 23 million by 2026, all to give tax breaks to the wealthiest of Americans. That is reckless, and frankly it is inexcusable by any measure.

How would the bill do that? The House-passed bill, which again seems to be the baseline for the ongoing secret negotiations here in the Senate, would slash funding for the Medicaid

Program by hundreds of billions of dollars and end the need-based tax credits for individual healthcare market plans under the ACA.

I have heard from so many New Mexicans who have told me how access to healthcare coverage has helped their families and, in some cases, even saved their lives.

I recently met with patients at the Ben Archer Health Center, a rural health clinic in Hatch, NM, and heard firsthand how important Medicaid coverage can be to families in Southern New Mexico. One of the New Mexicans I met there was Anna Marie, a Las Cruces native who worked for the Las Cruces public food service for 22 years.

Anna Marie's husband passed away in 2008, and when she found herself unable to keep working following a minor stroke, she could not afford healthcare coverage on her own. When she reached out to my office last year, she had bronchitis and walking pneumonia. My staff helped her enroll in Medicaid, and now she is able to get access to the care she needs.

I want to take a moment to explain why the Medicaid Program is so critical in my home State of New Mexico. As a Medicaid expansion State, New Mexico has seen dramatic gains over the last 5 years in coverage for the folks who need it the most. Stories like Anna Marie's illustrate just how important Medicaid can be for hard-working New Mexicans.

Medicaid currently provides affordable healthcare coverage to over 900,000 New Mexicans, including many schoolchildren, seniors in nursing homes and long-term care facilities, people with disabilities, and people who need treatment for mental health and addiction.

Just one example of the wide-ranging consequences of the Republican healthcare plan's drastic cuts to the Medicaid Program would be the end to any possible progress we have made so far in fighting the opioid and heroin epidemic. The opioid addiction epidemic has been deeply felt in communities across the State of New Mexico. For years, without adequate treatment resources, our State has suffered through some of the highest rates of opioid and heroin addiction in the Nation.

I would just note that today a story came out about how we hospitalized in the ER long-term care or hospital care 1.3 million Americans last year because of this epidemic. However, when provided with an opportunity to receive comprehensive treatment and rehabilitation, people who have suffered through the trials of opioid addiction can and do turn their lives around.

Evidence-based treatment works, but it is only possible when we devote real resources to pay for it. So much of that comes directly through the Medicaid Program. As we can see on this chart, Medicaid pays for 30 percent of opioid medication-assisted treatment in New Mexico—30 percent. It is the foundation to build on for opioid treatment.

In States like West Virginia, Ohio, and Kentucky, Medicaid pays for nearly half of opioid treatment payments. This came up just last Friday when the White House hosted its first meeting for President Trump's Commission on Combating Drug Addiction and the Opioid Crisis. The President's top advisers probably didn't hear what they would have liked to from the advocates who have been on the front lines of fighting the growing opioid crisis.

For example, Dr. Joe Parks, the medical director for the National Council for Behavioral Health, told the President's Commission:

Medicaid is the largest national payer for addiction and mental health treatment. Since the majority of increased opiate deaths and suicide occur in young and middle-aged adults, which is the Medicaid expansion population, the Medicaid expansions must be maintained and completed.

It is nothing short of hypocrisy for the Trump White House to claim it is taking steps to address the opioid epidemic when it is helping Republicans in Congress push through legislation that would end the Medicaid Program as we know it. Slashing hundreds of billions of dollars in Federal funding from the Medicaid Program will ultimately pass all of those costs on to the States. Let me give a sense for just how big a burden that would be.

In New Mexico, it is estimated that our State government would have to either come up with a way to raise \$11 billion of new taxes over the next decade or cut the equivalent amount of coverage for the hundreds of thousands of New Mexicans who rely on the program. That is a hit to the State budget of 1 billion-plus dollars a year. This would have an especially hard impact on our State's rural communities.

When you go to small towns in New Mexico, like Clayton, Raton, and Santa Rosa, as I did last fall on a rural healthcare listening tour, you see right away the vital role hospitals play in rural communities. In most cases, these hospitals are the only healthcare providers for many miles in any direction.

Hospitals are also often the major employer in these small towns. Rural healthcare providers face enormous challenges because it is financially difficult to provide care to populations that live over vast spaces and are, on average, older, less affluent, and more prone to chronic diseases than those in more urban and suburban communities.

Medicaid expansion and the need-based tax credits for individual healthcare market plans in the ACA have been critical financial lifelines for rural healthcare providers. Thanks to the coverage gains we have seen in New Mexico, instead of seeing uninsured patients coming to the emergency room during expensive medical emergencies, our rural healthcare providers are able to help New Mexicans live healthier lives with primary care and a preventive medicine approach.

When medical emergencies do arise, New Mexicans have coverage that helps rural healthcare providers cover those expenses. If President Trump and Republicans in the Senate pass their healthcare bill, all of that could go away, and some of our rural healthcare providers may very well have to close up shop.

Right now, more than one-third of rural hospitals are already at risk of closure. If you look at where the hospitals that have been forced to shut down in recent years are located, they are almost all in States that chose not to expand Medicaid. We should learn a lesson from that.

I know for a fact that if hospitals shut down, healthcare delivery in rural New Mexico would be decimated and economic impact would be severe in these small towns. It is estimated that when a single hospital closes in a small rural community, nearly 100 jobs are lost, taking more than \$5 million directly out of the local economy.

A recent report by the Economic Policy Institute estimates that if Congress passes TrumpCare into law, New Mexico alone would see a loss of almost 50,000 jobs by the year 2022. Thanks in large part to the major coverage gains that we have seen under the ACA, the healthcare sector has been New Mexico's strongest area of job growth for the last 5 years. New Mexico added over 4,000 healthcare jobs in 2015 alone.

A couple of months ago, I met with students at Central New Mexico Community College, CNM, in Albuquerque, who were training for those healthcare jobs. These bright young people want to make careers out of making their communities healthier and safer. With this dangerous legislation moving through Washington, they are all worried about what it might mean for their future career plans.

Why would we want to rip the rug out from under them by wreaking havoc on the Nation's healthcare system? Again, you really have to ask yourself why Republicans are so intent on rushing through a massive piece of legislation before we can even understand its potential harmful consequences.

As I said earlier, I have heard from literally thousands of New Mexicans who have called in or written or come up to me on the street to oppose this legislation. Many of them have told me how it will directly impact their families. I could pick any one of these stories to demonstrate what is at stake in this debate, but I will leave you with just one.

Brittany, from Aztec, NM, wrote me about her two young children who were diagnosed with a rare form of food allergies that created absolutely unaffordable costs through her husband's employer-provided healthcare plan.

Brittany said that she and her husband were averaging three doctors' visits a week and were "barely keeping [their] heads above water just from paying co-pays."

After applying for Medicaid, she and her husband have full coverage for their children's medical costs. Brittany wrote to me and said:

For us Medicaid is literally lifesaving. Please do not take away this program or any of the ACA! It may not be perfect and could use some work, but taking it away altogether would be catastrophic for so many people like my family.

That is what she wrote to me.

I want to urge President Trump and I certainly want to urge my Republican colleagues in the Senate to listen to that urgent message. It is time to turn the page on the disastrous policy path that is "repeal and replace" so we can finally get to work on actually fixing those things in the current healthcare system that we all agree need work.

Our common goal—regardless of whether we are Republicans or Democrats—that we should all be working toward is making quality healthcare more accessible, more affordable for all Americans.

I would welcome a good-faith effort to tackle that challenge because healthcare policies shouldn't be a political football. It should be about giving peace of mind to the millions of Americans like Anna Marie in Las Cruces, like Brittany in Aztec, who are only one diagnosis away from a crisis if we don't get this right.

I reserve the remainder of my time.

THE PRESIDING OFFICER. The Senator from Illinois.

Ms. DUCKWORTH. Mr. President, over the past few years, the Affordable Care Act has made tremendous strides in expanding healthcare coverage for hard-working Americans and the families who need it. I thank my colleague for his stories, and I would like to add some of my own.

While the law could certainly be improved, the way to do it is not by passing TrumpCare, which even President Trump has admitted is a "mean" bill. Unfortunately, Republican Senate leadership has indicated whatever it is that the Republicans are crafting in secret, behind closed doors, is going to be very similar to the version of TrumpCare that has passed the House. That is simply bad news.

The version of TrumpCare that passed the House could cost 23 million Americans, including 385,000 Illinoisans, to lose healthcare coverage. It would make it more expensive for older Americans and working people, especially those with preexisting conditions, to purchase insurance.

TrumpCare would cause their premiums and their out-of-pocket costs to simply skyrocket. The premiums of the average Illinoisan would increase by \$700.

TrumpCare would also make critical services like maternity care for new moms and mental health and substance abuse services significantly more expensive, even though they are desperately needed. That is extremely mean-spirited.

Making matters worse, it would also put veterans on the chopping block.

Specifically, TrumpCare would prohibit veterans who are eligible for VA healthcare from receiving tax credits to help them afford insurance in the individual marketplace. However, there is a big difference between being eligible for VA healthcare and being enrolled in VA. Oftentimes, that is not even a choice you can make.

According to the nonpartisan Congressional Budget Office, as many as 7 million of our veterans are eligible for VA care but are not enrolled. Preventing them from receiving tax credits would amount to a massive tax hike that would force them to pay thousands of dollars extra each year. That is not just mean; it is unacceptable.

There has been ample reporting indicating that Republicans knew exactly what they were doing. They could have included a fix to this but purposefully did not because that would have made their bill ineligible to be considered under the Senate's budget reconciliation process, which requires only 51 votes. That is because to remedy this huge flaw, the veterans tax credit language would need to be considered in committees of jurisdiction. That would entail holding public hearings and markups in committees, which would then reveal to the American people what exactly is in the Republican bill.

Apparently, the cost of public scrutiny is too high for Senate Republican leaders who are willing to raise taxes on veterans so they can hide this bad bill from the American people. As a result, the appalling flaws in their bill remain unfixed, and up to 7 million veterans remain on the chopping block.

That is not the only way TrumpCare would harm veterans either. Its massive cuts to Medicaid would have a direct impact on veterans, since nearly 2 million veterans across our country, including 60,000 veterans in my own home State of Illinois, rely on Medicaid for their healthcare coverage. That is 1 in 10 veterans.

For nearly 1 million of these veterans, Medicaid is their only source of coverage. Many of them are eligible for VA care only for the injuries they sustained in the military but not for any of their other health needs.

I shouldn't have to remind my colleagues that veterans are at a higher risk for serious health issues because of the sacrifices they made for our Nation. Yet, if TrumpCare becomes law, many of them will lose the coverage they gained from Medicaid expansion under the ACA.

Right now, 13 Republican Senators are sitting behind closed doors in some secret room on Capitol Hill, gambling with the lives of millions of Americans and people who have honorably served their country. One of those lives belongs to Robin Schmidt, a veteran from the North Side of Chicago.

Robin served during Desert Storm in Army military intelligence. Robin loved her job in the military because it had always been her dream to serve her country. As a 13-year-old girl, Robin

stood at the Vietnam Veterans Memorial Wall in Washington, DC. She knew that serving her country was her true calling. However, she was eventually forced to end her military career because, in her words, “the Army refused to allow my husband to come back overseas to live with me.”

When she was pregnant with her child, she was forced to leave the military in order to return home to Arkansas to be with her husband to raise their children. When she was stateside, the VA denied her benefits because they were not service-connected, thus forcing her and her husband to pay the costs of maternity care and childbirth out of pocket.

She faced medical complications and developed endometriosis, a preexisting condition, and had to have a Caesarean section during delivery. After she delivered her baby, she ended up with \$500,000 in hospital debt.

This enormous debt followed Robin and her husband throughout their marriage, and it eventually left them in divorce, medical bankruptcy, and with all of the repercussions that come from extreme financial hardship. She was also blocked from accessing affordable healthcare coverage because she now had a preexisting condition and could not afford good coverage on an \$8.50-an-hour wage, so she went without care.

Robin remained uninsured for a total of 22 years, until she remarried and gained healthcare coverage under her husband's insurance. This was especially devastating because in 2007, Robin was diagnosed with cancer. Even though Robin was covered by her husband's insurance, insurance companies were not required to cover chemotherapy in 2007, and chemotherapy was too expensive for Robin and her family to pay for out of pocket. Instead, she had to choose debilitating surgeries.

After her cancer diagnosis, Robin developed severe autoimmune arthritis. Her autoimmune treatments started at \$5,000 a month and soon increased to \$14,000 a month. Insurance companies wanted Robin to pay for her medication upfront, with no guarantee of reimbursement.

As her medical costs grew and grew, Robin had to choose between her medical care and her mortgage payment. After the Affordable Care Act became law, insurance companies were mandated to cover Robin's medications and treatments. They were no longer able to refuse her the medications she needed. Her insurance premium prior to the Affordable Care Act was \$1,600 a month, which was more than her family paid for their monthly mortgage and household bills. Now she pays just \$300 a month for her entire family. There was no more redtape, constant stress, or fear that she might not be able to work—or worse, might not be able to stay alive.

Unfortunately, the coverage, relief, and peace of mind the ACA brought to Robin and her family is now under attack by congressional Republicans.

Robin is afraid that if TrumpCare becomes law, she will once again become nothing more than an uninsurable preexisting condition. She is afraid she would be considered a high-risk pool patient who will be able to have insurance but will not be able to actually afford any of her treatments. She is afraid that if Republicans push through TrumpCare, she will not be able to walk, work, and will have absolutely no quality of life.

Her dream was to serve her country in our Armed Forces. She took two oaths to serve this country, and she kept those oaths—promises that she would defend this great Nation.

Robin may not be in uniform anymore, but she certainly deserves that we in Congress and here in the Senate defend her right to access quality healthcare.

For Robin and for nearly 7 million veterans, middle-class families, our seniors, and some of our most vulnerable Americans, I urge my Republican counterparts to stop these secret negotiations, take repeal off the table, and work with Democrats to improve our healthcare system. Just like Robin, each of these Americans has a story, a family, and a valued place in society. Robin's family and all Americans deserve better than having their coverage stripped away from them behind closed doors.

I yield back.

#### ORDER FOR RECESS

Mr. MCCAIN. Mr. President, I ask unanimous consent that the Senate recess, following my and Senator NELSON's remarks, until 5 p.m. for the all-Senators briefing and that the time count postcloture.

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

Mr. MCCAIN. Mr. President, I ask unanimous consent to be recognized to speak on issues not associated with the present subject of debate.

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

#### COUP ATTEMPT IN MONTENEGRO

Mr. MCCAIN. Mr. President, last week, the Senate voted 97 to 2 to strengthen sanctions against Vladimir Putin's Russia for its attack on America's 2016 election and its other aggressive and illegal behavior. I hope the other body will take swift action to send this legislation to the President's desk.

We need strong Russia sanctions now because it has been 8 months since the U.S. intelligence community said publicly that the Russian Government directed this attack on our democracy. Yet, in the last 8 months, the Russian Government has hardly paid any price for its aggression. Thus, Vladimir Putin has been learning all over again that aggression pays. He learned that in Georgia in 2008. He learned that in Ukraine in 2014. He has learned that in Syria since 2015. So Vladimir Putin remains on the offense. This year, Russia attempted to interfere in France's election. We have already seen attempts to

influence German public opinion ahead of elections in September. And there is every expectation that Russia will do the same thing in the Czech Republic, Italy, and elsewhere in future elections.

But perhaps the most disturbing indication of how far Vladimir Putin is willing to go to advance his dark and dangerous view of the world is what happened in October 2016 in the small Balkan country of Montenegro, when Russian intelligence operatives, in league with Serbia nationalists and others, attempted to overthrow the democratically elected Government of Montenegro and murder its Prime Minister on the country's election day. Why would Vladimir Putin go this far? To answer this, one must understand why Russia was so interested in the outcome of Montenegro's election.

Russia opposes the spread of democracy, human rights, and the rule of law across Europe, which is advanced by the European Union and protected by the NATO alliance. To Russia's great frustration, Montenegro's Government had committed the country to a Euro-Atlantic future and pursued membership in both the EU and NATO.

Indeed, NATO's invitation to Montenegro to join the NATO alliance in December 2015 was considered particularly insulting and threatening by Moscow. After all, Montenegro had once been part of Russia's traditional Slavic ally, Serbia. Montenegro has long been a favorite destination for Russian tourists. Russian politicians and oligarchs are reported to own as much as 40 percent of the real estate in that country. A few years ago, when it feared losing its naval base in Syria due to the civil war, Russia reportedly sought a naval base in Montenegro but was rejected. Now, if Montenegro joined NATO, the entire Adriatic Sea would fall completely within NATO's borders.

Montenegro's accession into NATO would also send a signal that NATO membership was a real possibility for other nations of the Western Balkans—Macedonia, Bosnia and Herzegovina, Kosovo, and, according to some optimistic voices in the region, perhaps even Serbia.

That is why Montenegro's October 16 election was no ordinary one. In Russia's eyes, it was a last chance to stop Montenegro from joining NATO, to thwart Montenegro's pursuit of a Euro-Atlantic future, and to reassert Russian influence in southeastern Europe. That is why there was little doubt that Russia would exert heavy pressure on Montenegro ahead of the election. Russia had already been accused of fomenting anti-government demonstrations and funding opposition parties. Yet few would have guessed how far Russia was willing to go. But now we know.

This April, as part of my visit to seven countries in southeastern Europe to reaffirm America's commitment to the region, I visited Montenegro and was briefed by Montenegrin officials on