

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to executive session to resume consideration of the Mandelker nomination, which the clerk will report.

The senior assistant legislative clerk read the nomination of Sigal Mandelker, of New York, to be Under Secretary for Terrorism and Financial Crimes.

The ACTING PRESIDENT pro tempore. The Democratic whip.

HEALTHCARE LEGISLATION

Mr. DURBIN. Madam President, it was about a month ago that the House of Representatives, by a narrow vote, voted to repeal the Affordable Care Act and to replace it with their own creation. That effort by the House of Representatives passed by, I believe, 2, 3, or 4 votes. It was very close, and it was a partisan rollcall—all Republicans voting for it and no Democrats voting for it. So it came to the floor of the House without any bipartisan preparation. It was only after the vote that the Congressional Budget Office took a look at the measure and reported to the American people its impact.

Now, that is unusual because, when you take a big issue like the reform of America's healthcare system, historically, traditionally, Members of the Congress—the House and Senate—will send their versions of the bill to the Congressional Budget Office and ask for an analysis: Tell us how much this will cost. Tell us the impact on the deficit. Tell us what it will do in terms of healthcare coverage. But the House Republicans chose to vote before the analysis.

Well, the analysis still came out, and when it came out, the report was unsettling because it had a dramatic negative impact on healthcare in America. The House Republican repeal, according to the Congressional Budget Office, would mean that 23 million Americans would lose their health insurance.

Remember, we started this debate 6 or 7 years ago because we were concerned that too few Americans had health insurance and we wanted to expand the reach of health insurance and make sure that it was good health insurance, and that is why we passed the Affordable Care Act. We fell short in some respects, but we certainly achieved our goal of increasing the number of insured Americans with the Affordable Care Act. In my home State of Illinois, the percentage of those uninsured with health insurance was cut in half. In fact, it was even better than that. So more and more people ended

up with coverage through Medicaid, as well as through private health insurance.

Now comes the repeal of the Affordable Care Act, and the Republicans in the House decide to not only erase all of that progress in providing more health insurance for more families but to make it worse—to make the number of the uninsured even higher than it was. So if that is the starting point of healthcare reform, you ask yourself: Is that really a worthy goal? Why would you do that?

Well, they were forced to do it. They really were. The House Republicans really, in fairness to them, had no choice, because they made the initial decision that their highest priority was to give a tax break of about \$700 billion to the wealthiest people in America. So by creating this tax break—giving this money back to wealthy people—they took that same amount of money out of America's healthcare system. When you take \$700 billion out of America's healthcare system, here is what happens. People who are currently receiving their health insurance through Medicaid, a government program, will have fewer and fewer opportunities to take advantage of Medicaid. In fact, they acknowledged that. The Republicans said in the House: We are just cutting back on Medicaid.

Secondly, you reduce or eliminate the helping hand we give to working families who can't afford to pay their hospitalization premiums. If you are in certain categories, we give you a subsidy to pay for your premiums. So follow the logic: If you cut the taxes by \$700 billion and take \$700 billion out of the healthcare system, you have less money to provide Medicaid health insurance for those in low-income categories, and you have less money to help working families pay for their health insurance premiums.

The Congressional Budget Office looked at that and said that the net result at the end of the day is that 23 million Americans will lose their health insurance because of this decision by the Republican House. In the State of Illinois, a State of about 12.5 million people, 1 million people would lose their health insurance because of this action taken by the Republican House of Representatives.

Well, from basic civics we know that here we are in the Senate and we get our chance once the House has acted. So we have been waiting—waiting for almost a month for the process to begin. The sad reality is it never even started—not the ordinary, open, public, transparent process of debating a change in America's public health system.

Instead, Senator MCCONNELL, the Republican leader, said: What I am going to do is to take 13 of my male Republican Senators, put them in a room, and let them write an alternative to the House bill. Why he didn't initially include the women in his caucus, he can explain, but it was 13 of the male

Republicans who would sit in a room to write, in secret, their alternative.

We think: Well, most legislative ideas start with that kind of a meeting—a closed-door meeting in the quiet of a room, basic negotiation. But it is the nature of a democracy and our form of government that at some point this becomes public. Shouldn't it? If we are going to change the laws about health insurance—basic fundamental coverage for American families—shouldn't we know it? Shouldn't we know what the changes will be before we vote on them?

Well, there is a pretty rampant rumor that tomorrow, for the first time, there will be a limited disclosure of this Republican effort over the last several weeks. We are told—and it is only a rumor—that the Senate Republican leadership will sit down with the Senate Republican caucus and show them for the first time what they want to propose that we vote on.

One might say: Well, that sounds like the beginning of a good, long process.

It is not. It is the beginning of a short process, because the Republican leader has said that this time next week we will be into debating that issue and voting on it to its conclusion—in 10 days. That is 10 days, start to finish, to rewrite the healthcare system of America, 10 days on a measure that has not been disclosed to the Republican Senators—not all of them—let alone the Democratic Senators and let alone the American people. That is what we are faced with.

When we wrote the Affordable Care Act, which was widely criticized by the Republicans, let me tell you the process we followed with the Affordable Care Act. In 2009, the Senate HELP Committee—or the Health, Education, Labor, and Pensions Committee—held 13 public, bipartisan hearings, 20 walk-throughs of various proposals, and a markup in the committee that went on for 1 calendar month, and 160 amendments offered by the Republicans were adopted. That was in 2009 with the Affordable Care Act.

The Senate Finance Committee, which writes the tax laws, held 17 roundtables, summits, and hearings on the legislation, 13 Member meetings and walk-throughs, and 38 meetings and negotiations.

Keep in mind that we still haven't seen the Republican proposal we are supposed to vote on next week—this secret proposal.

The Senate Finance Committee on the Affordable Care Act held a 7-day markup and adopted 11 Republican amendments. At the end of the day, not a single Republican Senator voted for the measure, but they offered amendments, and those amendments were debated and many of them were adopted by the Democratic majority.

When the Affordable Care Act came to the floor of the Senate, we spent—and I remember this well—25 consecutive days in session considering that bill—25 days. As to what Senator

MCCONNELL and the Republicans will offer to us in what we call reconciliation, we will be lucky to get 25 hours. We spent 25 days on the Affordable Care Act. In total, the Senate spent more than 160 hours on the Affordable Care Act and more than 150 Republican amendments were adopted, though not a single Republican Senator ended up voting for the bill. We opened it to their amendments and adopted their amendments. It was a bipartisan effort.

What has been the process this time around? No hearings, no markups, no public input, no support from the medical advocacy community at all. I don't have a single medical advocacy group in Illinois that supports what the Republicans did in the House of Representatives—not one. Hospitals, doctors, nurses, pediatricians, and disease advocacy groups, like cancer and heart, are all opposed to what was done in the House of Representatives, and we are being told, when it comes to the Senate's turn: Get ready, it is going to be fast. Don't blink, you might miss it.

Let me tell my colleagues what else we have. We have a record of quotations from leaders on the Republican side who, even though the Affordable Care Act went through all of these hearings and all this deliberation, were very explicit in their criticism. Here is Majority Leader MITCH MCCONNELL, a Republican of Kentucky, in December of 2009, on the Affordable Care Act. He 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."

I might say to Senator MCCONNELL: How would you explain what you are doing now when it comes to rewriting the healthcare system behind closed doors without input from anyone? Is it an effort to "jam it past not only the Senate but the American people"?

Senator MARCO RUBIO last week was quoted as saying: "The Senate is not a place where you can just cook up something behind closed doors and rush it for a vote on the floor."

I agree with Senator RUBIO, but that is what they are trying to do.

Senator LISA MURKOWSKI, a Republican of Alaska, said: "If we had utilized the process that goes through a committee, I would be able to answer not only your questions but my constituents' questions."

Senator MURKOWSKI, a Republican of Alaska, expressed what most of us feel. How could we even answer an honest, legitimate question from someone we represent when we can't even see the measure that is being produced by the Republicans.

Senator JERRY MORAN, a Republican from Kansas, said last month:

I want the committees of jurisdiction to hold hearings, bring the experts who know about healthcare from across the country, bring the constituents to tell us their stories. Then I want every Senator, all 100 of us, to have the chance to offer amendments.

Thank you, Senator MORAN. I agree with you. That is how the Senate is supposed to work, but that is not how it is working now.

Let me tell my colleagues what some of the groups have said about this Republican effort to repeal the Affordable Care Act. You expect: Oh, it is a partisan comment from a partisan Senator. These are nonpartisan groups.

The American Heart Association, what do they say? They say: "The House bill would seriously erode pre-existing condition protections, including for patients suffering from cardiovascular disease."

About a third of us on Earth—or at least a third of us in America—have some preexisting condition. For the longest time, insurance companies said: If you are a woman, it is a pre-existing condition.

Go figure. But now, at least a third of us have some condition which, in the old days, would disqualify us from insurance coverage or make it too expensive.

So now we put in the Affordable Care Act a prohibition against discriminating against any American because they have a preexisting medical condition. I think that is pretty important. My family has certainly had the same experience as other families when it comes to preexisting conditions.

Now the Republicans have said: We are going to take that out. We want to give you more choice. We want the insurance companies to give you more choice. Choice means another reason to say no. Choice means coverage that isn't there when you need it. Choice means restrictions on your health insurance policy. That may not bother you at all today, but tomorrow, when you go to that doctor for that diagnosis you will never forget as long as you live or get involved in an accident and finally take a close look at that health insurance policy, you want to make sure it is there if you need it, don't you?

The Republicans say we need more choice. The American Heart Association says that, when it comes to pre-existing conditions, the House Republican repeal bill would seriously erode protection of Americans.

The American Medical Association, the largest group of physicians in America, said: "We cannot support [the bill] that passed the House as drafted because of the expected decline in health insurance coverage and the potential harm it would cause to vulnerable patient populations."

The American Diabetes Association said: "It would give insurers the ability to charge people with pre-existing conditions—such as diabetes—higher prices [for health insurance] . . . and would allow insurers to deny people with diabetes the care and services they need to treat their disease."

The American Association of Retired Persons has weighed in. Here is what they say: "This bill would weaken Medicare's fiscal sustainability, dra-

matically increase health care costs for Americans aged 50–64, and put at risk the health care of millions of children and adults with disabilities, and poor seniors who depend on the Medicaid program for long-term services and supports."

AARP is working overtime to notify Americans over the age of 50 and their kids that the repeal of the Affordable Care Act that passed the House of Representatives is a bad deal for seniors and their families.

There is something else going on, too. For more than 6 years, Republicans in Congress have been shouting "repeal and replace" from the rooftops, and they voted more than 60 times to repeal the Affordable Care Act. They never liked it from the start. They put language into bills to make it more difficult for the Affordable Care Act to work, such as funding needed to make individual insurance markets work as intended. Then, on his first day in office, President Trump signed an Executive order directing Federal agencies not to enforce the Affordable Care Act.

The Trump administration cut the open enrollment timeframe in half, making it harder for people to sign up for insurance—meaning fewer people covered, fewer people in the insurance pools, and premiums going up as a result. The President, to this day, continues to make uncertainty in the insurance market. He refuses to say whether he will continue providing cost-sharing reduction payments to help 7 million Americans afford health insurance. Without the payments, insurers tell us premiums will skyrocket 20 percent next year.

Let me mention one other thing that has happened as part of this health insurance debate. We decided to make a historic change in healthcare in America. I have told the story repeatedly, and I will not tell it in detail, but it was Paul Wellstone, a progressive from Minnesota, who sat right there, and Pete Domenici, a conservative from New Mexico, who sat right there, who came together—these two unlikely partners—because they each had members of their families who suffered from mental illness. They said: Why is it that we don't treat mental illness like an illness? Why is it that health insurance just covers physical illness?

They were right. They fought the insurance companies for years, and they won. We put it in the Affordable Care Act. We said: If you offer health insurance, you have to cover mental illness. My friends, it is time for us to step out of the shadows, where mental illness was considered a curse and not an illness, and deal with it as something that can be successfully treated. We put it in the bill, and most Americans would agree that it was the right thing to do.

There was another part of it, though, that slipped my attention and now I know it is critically important. It wasn't just mental illness. It was coverage for mental illness and substance abuse treatment.

How important is substance abuse treatment in America today? Go to Maine, go to Iowa, go to Illinois, and ask the question: Are there any problems with opioids? Heroin? Overdosing? Death? Of course.

When you go to the rehab and addiction treatment centers and you ask people: How is your family paying for this care to try to rescue this young child in your family or someone dealing with addiction, they say they are either under Medicaid, the government insurance program, or their health insurance policy covers substance abuse treatment. Why? Because Wellstone and Domenici effectively included that in the bill. Now, under the bill that passed in the House of Representatives, an estimated 1.3 million Americans with mental disorders and 2.8 million seeking help with substance abuse will lose their coverage for treatment. It is no longer a priority under the Republican idea of giving you choice with your health insurance.

Choice—when you are a father buying health insurance for your family and you are picking out a health insurance policy and you have a choice, could you anticipate the teenaged daughter you love with all your heart will one day face an addiction and desperately need substance abuse treatment to save her life? Did you think about that when you signed up for the right choice in a lower cost health insurance plan?

I feel, and many feel, that this is essential when it comes to services and health insurance. Republicans say: No, it is an option; take it or leave it. People who leave it and then need it find themselves in a terrible predicament. They can't provide the lifesaving treatment their kids and other members of the family they love desperately need.

I see my colleague on the floor, and I will not go any further other than to say this: Why are we in this position when, 10 days before the final vote on changing healthcare for 360 million Americans, it is in a proposal that no one has seen and no one has read and no one has analyzed? It is an embarrassment to this great institution, the Senate, that we are not deliberating on this measure—this lifesaving, life-and-death measure—with the kind of respect that it deserves, with the kind of expertise that it deserves.

My Republican Senate colleagues have said it well—Senator MURKOWSKI, Senator MORAN, and others: The Senate ought to do what the Senate was elected to do. Take up an important measure like this, read it carefully, debate it, amend it, bring in the experts, and don't move so quickly on it that you could jeopardize the healthcare of millions of Americans. I am sorry it has reached that point.

If 3 Republican Senators out of 52—if three of them—will step up and say: This is wrong; we need to do this the right way, a transparent way, a fair way, a bipartisan way. If three will step up and do that, then we can roll up

our sleeves and do the right thing for America.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Maine.

Mr. KING. Just a moment, Madam President. I am looking for the healthcare bill. I know it is here somewhere. I haven't been able to find it and have been looking all morning. I suspect maybe we will find it in the next couple of days.

I wish to talk about Medicaid. Medicaid is often perceived as a welfare program, and it isn't. It is essential medical support.

Now, let's talk about who receives Medicaid. Seventy-two percent of the people who receive assistance from Medicaid are children, people with disabilities, and the elderly. Indeed, 85 percent of the expenditures for Medicaid, as opposed to enrollees—85 percent of the expenditures—are for those same groups—the children, the disabled, and the elderly.

Particularly, what a lot of people don't realize is that Medicaid is one support—if not the principal support—for nursing home care throughout the country, and especially in my State of Maine. I suspect, if we surveyed people—perhaps some even in this body, but certainly in the general public: How are you going to cover Aunt Minnie's nursing home care when she has to have it later in her life, most people would say: Oh, we have Medicare. People I talk to at home say: Medicare is going to take care of me. No, except in very rare and limited circumstances, Medicare does not cover nursing home care. It doesn't cover long-term care. That is Medicaid.

Sixty-eight percent of all the Medicaid spending in Maine was for elderly or disabled people in 2014. About one in three people nationwide is going to require nursing home care—one in three. Nationally, over three-quarters of nursing home residents are covered by Medicaid. So if we are talking in this bill, wherever it is—if anybody finds it, let me know—about significant cuts to Medicaid, we are talking about people's ability to have long-term care in nursing homes. Make no mistake about it. You cannot cut Medicaid by over \$1 trillion in 10 years and not have it affect those people.

Now, some say we are giving the States flexibility. We are giving the States flexibility to make agonizing decisions between disabled people, children, and seniors. That is not flexibility. To quote the President, that is "mean." That is cruel. The States are only going to have two choices. They are either going to have to cut people off and limit services—and remember that three-quarters of the people are disabled, elderly, and children—or they are going to have to raise taxes on their own citizens.

Now, we are claiming we are going to help the Federal budget. We are going to reduce the deficit by \$800 billion over 10 years by passing this bill. But

we are just shifting the bill to the States. That is nice work, if you can get it. Why don't we shift the cost of the Air Force to the States? That would make the Federal budget look better. But it is not a real savings to our citizens if they have to pay out of their pocket at their home State or in their city, or if they have to pay part in their income taxes. That is no savings. That is a fake savings. That is a smokescreen to tell people: We are cutting government expenditures. No, we are not. We are just shifting them to another level of government where you are going to have to pay for them there as well.

But to get back to Medicaid. Seventy percent of the nursing home residents in Maine are covered by Medicaid. Who are they? They are people who can't be cared for at home any longer. They require nearly constant care and support. These aren't welfare recipients. These are our former teachers, police officers, the people who looked after us, the carpenters who built our houses, the nurses who cared for us in hospitals, the wait staff who served us meals, the veterans who served in times of trouble and fought for our freedom.

They and their families are simply part of our communities. They are not welfare recipients. They are people who have paid their fair share throughout their lives. They have worked hard. They have done all the things they were supposed to do, all the things that were expected of them. They stayed in their homes, by and large, as long as they possibly could. But at some point, after their assets and ability to pay were exhausted, they had Medicaid to help them in terms of long-term care.

I often say when I talk about this that it really frustrates me that we talk about this healthcare issue in terms of ideology and the free market and all of these kinds of things. No, this is about people.

This is about Jim and Cora Banks from Portland, ME. They lived in Portland. He was a State employee, and she was a beautician, who worked out of her home and most of her energy went into raising four boys. Cora was a den mother and Scout leader. They worked on projects and—can you believe it—all four of their boys were Eagle Scouts. That is an astonishing accomplishment, to have four sons as Eagle Scouts. They were active in the Kiwanis and taught Sunday school. One of their sons was involved in Little League. So Cora raised money to build a concession stand on the field, which is still used today.

At 55, tragically, Cora began to have memory issues. Because they had health insurance—because they had health insurance—she could get great care at a geriatric practice in Portland. Friends and family were helpful, and Jim was the principal caregiver for many years. But at 70, it became clear that Cora needed full-time care, and Jim could not provide that level of care. The doctors said she needed to be

in a residential setting. Her assets were exhausted. She qualified for MaineCare, which is what we call Medicaid. Her nursing home care was covered, and she lived for a year in that nursing home.

Two-thirds of the income for all of our nursing homes in Maine come from Medicaid, from MaineCare. What happens to this resource of the nursing homes if suddenly their revenues are significantly cut? What happens? But, mostly, what happens to people like Cora?

There is also an idea—and I heard the head of the OMB talk about it: We are not really cutting; we are just cutting the rate of growth. Well, if the demand is growing, the cost is growing, and you cut the rate of growth, you are cutting. Less money will be available than is necessary to meet the need. That is a real cut.

All of us know we are facing a demographic bulge from the baby boom generation, who are aging and are going to require more and more medical treatment, and they are going to put a greater demand on our nursing homes.

In Maine, we are projecting a 105,000-person increase in the next 10 years of people over 65. One in four Maine people will be over 65 in the next two decades.

The Alzheimer's Association projects that 35,000 Maine seniors will be afflicted with the tragic disease of Alzheimer's within 10 years; 25,000 had the disease in 2014. People with dementia are 10 times more likely to live in a nursing home.

There is a lot in the bill, I am told. I don't know; I haven't seen it. I have been looking for it. But the central premise seems to be, if it is anything like the House bill, a massive cut in Medicaid and a massive tax cut to the people in our society who least need it. The tax cut is targeted at the very wealthiest Americans. Yet the results of that decision will be to cut essential medical support for elderly people, disabled people, and children. I don't understand that bargain. I don't understand that equation—a gigantic tax cut to the wealthiest and a substantial cut in support for those who most need it.

Maybe I will be pleasantly surprised when I see the bill, whenever that is. I hope it is more than a few hours before we are called upon to vote on it. Right now, what we are hearing and what we are learning and what the House bill looked like would be a tragedy for this country and a tragedy for real people.

I don't understand the impulse to give a tax cut and to hurt people when we know that is going to be the case. And again, these are not welfare recipients; these are your friends and neighbors.

In all of our States, almost two-thirds of the nursing home residents are on Medicaid. We are not going to be able to cut Medicaid in the dramatic way that has been proposed without affecting those people.

I hope this body will take the time necessary to analyze this issue, to

openly debate it, to argue about it, and to find solutions that make sense and will work for the people of America, not try to ram something through for the purpose of checking a box on a campaign promise made years ago.

The reality is, we have an obligation, in my view, not only to solve the problem in a compassionate and rational and efficient way but also to develop and run a process here that respects the institution and respects the American people.

This is not the way this place is supposed to run—to have a bill drafted in secret, brought to the floor within hours or a few days of voting, and then force a vote without the kind of consideration, hearings, input, argument, and debate that is supposed to be the hallmark of this institution.

This is a very important decision, I think one of the most important any of us will ever make. I, for one, am going to be able to tell my children and grandchildren that I stood for Maine, for our children, for our elderly, for our disabled people. And when the chips are down, the United States Senate is going to do the right thing.

I yield the floor.

The PRESIDING OFFICER (Mr. TILLIS). The Senator from Iowa.

Mrs. ERNST. Mr. President, no choice and a proposed 43-percent increase in premiums—that is what ObamaCare and its harmful impact will bring to Iowa in 2018. This year, it brought premium increases up to 42 percent. Last year, it brought increases up to 29 percent. ObamaCare is not sustainable and not affordable for Iowans.

To anybody who has studied healthcare reform, this should come as no surprise. In the past, many States have tried to reform their individual market. Twenty-seven years ago, Kentucky made an attempt and implemented the Kentucky Health Care Reform Act of 1994. This bill was similar to ObamaCare in many respects. It contained more taxes, more regulations, and more mandates. Within 3 years—3 years—insurers fled the individual market and the State was hit with skyrocketing premiums.

What happened in Kentucky then is eerily similar to what is happening in Iowa today as a result of ObamaCare. When it comes to affordability and choice, my home State of Iowa has been hit particularly hard.

While traveling across the State, I hear from Iowans who are looking for affordable coverage. Far too often, I hear that high monthly premiums are squeezing pocketbooks and that soaring out-of-pocket costs, such as deductibles and copays, make coverage unaffordable to use for those who do have it. That is not what ObamaCare promised, but that is what it has brought.

One Iowan who works at a small business in Hinton wrote to me and said:

Over the past seven years, prices have jumped considerably and the coverage em-

ployees are getting for the amount of money spent is substantially less! We have tried to help our employees by minimizing the changes in premiums, but these last two years we had to start passing on some of the increases in order to survive.

We can no longer absorb the constant rate increases, nor can we not offer a health plan to our employees. Therefore, we find ourselves between the proverbial rock and the hard place. We certainly are not the only small business facing the same dilemma.

Employees at this small business can breathe a small sigh of relief because their employer still has the ability to offer coverage, even if they are forced to pay more and more because of ObamaCare. Other Iowans are on the edge because their options for coverage are shrinking.

In 2016, UnitedHealthcare left the individual market in Iowa. A few months ago, Wellmark and Aetna both announced they would be leaving the individual market in 2018. Medica is the only remaining statewide carrier, and while they appear to be staying for the next year, it will take a massive rate increase on Iowans for them to do so.

The Iowa insurance commissioner said:

Iowa has hit a point within our market's collapse that a 43 percent rate increase will drive healthier, younger, and middle aged individuals out of the market. Iowa's individual market remains unsustainable.

If Medica leaves after next year, there is a very real possibility that tens of thousands of Iowans will have nothing to purchase on the individual market.

To put this issue into perspective and show why it matters so much, I want to share concerns I received from a constituent in Ames, IA. This constituent is the parent of a child with a rare disease. The family purchased a plan from Wellmark to cover the child for 2017, but now that Wellmark plans to leave, the parents are unsure whether they will be able to find a plan for their child. They find this whole experience “disruptive and anxiety provoking.”

Disruption and anxiety are not being felt just in Iowa; all across the country, premiums are skyrocketing and choices are limited and in some places, nonexistent. Recent data from the Centers for Medicare and Medicaid Services shows that 2.4 million people in 1,200 counties across the country will have one option for insurance in 2018. That is not an option at all. A recent report by HHS found that between 2013 and 2017, premiums more than doubled on the exchange—more than doubled on the exchange. In some States, premiums tripled.

Across the country and in my home State of Iowa, we don't have the option to continue with the status quo when it comes to our healthcare. The reality is, the status quo is truly unsustainable.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REED. 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. REED. As a proud resident of Rhode Island and proud resident of Providence Plantations, I thank the Chair for the recognition.

Mr. President, I want to join my colleagues in expressing strong opposition to the Republican efforts to repeal the Affordable Care Act and to ask my Republican colleagues to abandon these efforts. They are crafted behind closed doors, and they embrace a huge tax cut for the wealthy at the expense of the most vulnerable among us.

Indeed, I implore Republicans to work with us on a bipartisan basis, in good faith, to make improvements to our healthcare system. We can make these improvements. I hope we can.

Just a couple of weeks ago, the non-partisan Congressional Budget Office told us that 23 million Americans would lose health insurance under TrumpCare. Let me say that again: 23 million Americans will lose health insurance under the Republican bill. That is more people than live in Alaska, Delaware, Hawaii, Idaho, Kansas, Maine, Montana, New Hampshire, New Mexico, Nebraska, North Dakota, South Dakota, Vermont, West Virginia, Wyoming, the District of Columbia, and my home State of Rhode Island and Providence Plantations combined—a huge portion of Americans. That is a shocking number.

What is worse is that my colleagues on the other side of the aisle plan to dismantle our healthcare system—one-sixth of the country's economy—without so much as a hearing to get input on the bill. Their bill is being written in secret, and from what we can glean of the process the Republicans are employing, we likely will not even see the text in the near future, although I am encouraged that there is some discussion of releasing the text tomorrow. Regardless of whether it is released tomorrow, there has been no deliberate consideration in a hearing. There has been no thoughtful interaction between Republicans and Democrats.

In sharp contrast, I was a member of the HELP Committee while we drafted the Affordable Care Act. The Senate spent 25 consecutive days in session on consideration of the Affordable Care Act, the second longest consecutive session in the history of the Senate. The Senate Health, Education, Labor and Pensions Committee, which I served on at the time, held more than 47 bipartisan hearings, roundtables, and walkthroughs on health reform. In fact, the HELP Committee considered over 300 amendments over the course of a month-long markup, one of the longest in the history of the Congress.

Over half of the accepted amendments were from Republicans. This bipartisan input, along with testimony and consultation from healthcare organizations representing hospitals, doc-

tors, nurses, and patients, among others, over the course of a year led to a better, more informed bill.

We have a lengthy legislative process for a reason. Yet the Republican leadership—up until this moment at least—continues to write their bill in secret as they look for ways to convince their caucus to support a bill that nearly every major healthcare organization opposes, to say nothing of the 23 million Americans across all of our States who would lose their health coverage, and millions more would seek increased costs because of TrumpCare.

I would like to remind everyone that these are real people who will be hurt if we go forward as my Republican colleagues intend to. These 23 million people are all our constituents, our family members, our friends and neighbors. In fact, since the beginning of this year, I have heard from thousands of my constituents from all walks of life, through phone calls, letters, emails, appearances at townhall events, and even those I see out and about shopping around the State or on the airplane to Washington and back to Rhode Island. They have all indicated how they have benefited from the ACA and how TrumpCare could have a devastating impact on their families.

For example, David from Providence, RI, wrote to me to tell me how his life has been affected by the Affordable Care Act. He said:

I don't usually write Senators, actually I've never written a Senator. I have great concerns about my healthcare. I have a pre-existing condition, two heart attacks and open heart surgery, triple bypass. I had medical issues and needed to leave my position at a full-time job 3 years ago to get well. During that leave, the company went chapter 11. I lost my healthcare and had no income. I was able to acquire Medical Insurance through the Affordable Care Act. I started my own design business as a sole proprietor and worked a second job to make ends meet. My healthcare was subsidized for two years. I am now successful in my design business and will be paying back the subsidy for this year and no longer need the subsidy going forward. I am able to purchase affordable healthcare through the Health Connection in RI. Affordable healthcare and the subsidy were there when I needed it. This allowed me to start my business and become a successful business/sole proprietor in RI. It is critical for my continued success to have access to affordable healthcare and not be judged by preexisting conditions.

As David describes, the Affordable Care Act gave individuals and families control over their healthcare for the first time. He was able to get the care he needed, regardless of preexisting conditions, and able to start a new business. This is something I have heard a number of times from my constituents.

I have also heard from Andrew and his wife in Little Compton, RI, who decided to strike out on their own and open a dairy farm after the Affordable Care Act was implemented. Andrew said: "We took this plunge and started a business knowing that the stability of health care was there—we have a

four year old daughter—and if it goes away, we are not sure what we will do."

Time and again, I hear from Rhode Islanders who are now free to take risks and start new businesses and other creative pursuits knowing that they will be able to access affordable healthcare. I ask my Republican colleagues: Do you want to go back to the days when people are locked into their jobs for health insurance? The only reason they are there is for health insurance. Their creativity, their ability to innovate and to invigorate our economy is stifled literally because they need the health insurance. Do you want to discourage your constituents from starting new businesses? Under TrumpCare, people like David, with preexisting conditions, would not have the option, and Andrew and his wife may not have been willing to take on the risk of leaving a job with health insurance to start a new business.

However, as we speak, my Republican colleagues are meeting in secret planning to take away these opportunities. I encourage my Republican colleagues to meet with their constituents, to hear their stories about the ACA. They are not unique to Rhode Island.

It is not enough to just ban insurance companies from denying coverage to people with preexisting conditions. The ACA eliminated annual and lifetime limits. In fact, yesterday I bumped into a family—two families—one with an adorable little girl who had a tracheotomy and who was being pushed around in a stroller. She is about 2 or 3 years old. And I met some other children, another young boy named Tim with a tracheotomy. Today I found out that their problem is lifetime limits. These are very young children, 2 years, 3 years old. Most insurance policies, except for the ACA, would have a lifetime limit. Now, you might be able to go buy it, but before these youngsters are 10, 12, or 13 years old, they will not have health insurance for the rest of their life.

So it is not just the preexisting conditions. The ACA eliminated annual and lifetime limits. When I saw those darling children yesterday, I just knew that has to be the law. Otherwise, it is just a matter of time. Maybe in 5 years, maybe in 6 years, but the kind of conditions they have, at some point, they will hit that limit and at some point the insurance company will say: No thanks.

We made those changes in the ACA. They are going to be disposed of in the proposals I have seen. The ACA requires coverage of basic healthcare services like maternity care. That is not guaranteed.

Before the ACA, insurance companies would cut off coverage just when it was needed most and priced people with health conditions out of the market. These are not abstract concepts. I hear from constituents each and every day about the importance of the critical consumer protections under the ACA,

and TrumpCare would undermine all of these.

Susan from Warwick wrote me to say:

ObamaCare saved my life. Please keep fighting to make affordable healthcare available to all Americans. I was diagnosed with Acute Myeloid Leukemia in 2012. I have my own business and pay for my own health insurance. We always purchased what we thought was adequate, but I'd reached the limit on my policy within just a few weeks of cancer treatment. That left me with huge bills, a need for more expensive coverage in order to obtain lifesaving treatment . . . and technically with a "preexisting condition—cancer."

Susan knows that insurance doesn't mean much if you are sick and have limits on your care. She goes on to say:

I am horrified by the Republican plan to replace Obamacare. Health care is not a luxury. It should be available to all. I never want anyone else to experience the fear I did when my insurance ran out and I realized the care that could save my life might not be available to me. Before we found additional insurance—and jumped through hoops to get it—we looked at selling the house, emptying our IRAs and savings account to pay for my care. It would not have been enough.

Cynthia from Woonsocket, RI, wrote to me to tell me about how TrumpCare would undermine care for people like herself with Parkinson's disease. Specifically, Cynthia wrote about how patients with Parkinson's rely on the essential healthcare benefits required under the Affordable Care Act, including rehabilitative services, mental healthcare, and access to prescription drugs. TrumpCare would do away with these benefits.

Cynthia also points out that the average age of diagnosis of Parkinson's is around 60 years old. However, TrumpCare creates an age tax, leading to skyrocketing costs for this very population. Cynthia also said in her letter that one-third of patients with Parkinson's access care through Medicaid. She says TrumpCare puts all of those patients at risk of losing care. As a patient, she knows better than most that without these existing protections, health insurance will not actually cover the care that is needed.

To add more detail on how critical Medicaid can be, especially to seniors, a constituent living in a nursing home in Pascoag wrote to me to say:

I am 101 years old and enjoy every day to the best of my ability. I am petrified that many of the programs that I rely on for my health and well-being, indeed my life, will be reduced or even eliminated. Please protect my access to Medicaid. DO NOT make Medicaid a block grant to the states. My daughter is helping me to send this communication to you. Please do not forsake me.

So I ask my colleagues: How do you intend to protect her access to nursing home care while cutting Medicaid by over \$800 billion? Block-granting Medicaid, as Republicans have proposed to do, will reduce Medicaid funding by at least 25 percent over the next decade and leave States unable to maintain current Medicaid programs, leaving behind our most vulnerable.

Indeed, the most significant costs for Medicaid in my State and every other State is nursing home care. It is exactly those men and women, like my constituent from Pascoag, a vigorous 101-year-old, who will be forced to pay more, who will be forced because of cutbacks in service at the facility not to have two or three people on duty but just one. All of that we can foresee, and we only can prevent it if we reject this attempt to replace, to repeal, to undercut affordable care.

Now, this Medicaid crisis is serious, and it is not just going to affect the healthcare sector because we know the pressure is on the States to make up some of this lost funding. It will not just be by transferring funds within healthcare efforts. They will have to go everywhere through their budgets: That is K through 12 education. That is infrastructure. That is law enforcement. That is all the things States and localities do but particularly States. They will try to plug the gap because they will have people, like I have described who have written me, coming and not just demanding but obviously in need of healthcare, and they will try to respond, but the response will affect our competitiveness, our education systems, our productivity, when you can't fix infrastructure, and it will be a profound impact.

In fact, a significant number of jobs in my State and a significant number of jobs projected for the future are in the healthcare industry. When this significant reduction of resources to the healthcare sector comes about, the jobs will go, too, because without the resources, you will not employ people—you can't employ people.

Let me share a letter from one of my constituents because it succinctly describes what TrumpCare will really mean for this country. Glenn and Paula from Wakefield, RI, shared a letter from their daughter, Gianna, who has type 1 diabetes, saying:

Let me offer you a translation of what your votes mean: I will die younger and sicker. Probably much sicker. My kids will have a mother for less of their lives. Your votes are what will cause this. Because no matter how consciously I care for myself, no matter how responsible I am, it won't matter if my insurance refuses to cover me. And it won't matter for you either, if you are one of the vast majority of Americans who will end up with a pre-existing condition over the course of your life. If you think you can simply pay the costs yourself, you are in for a rude awakening.

These are only a few examples of the letters, calls, and emails I have received from constituents. The response in opposition to TrumpCare has been overwhelming by the very people whom it will impact the most. I hope my colleagues will listen to these concerns, not just the Rhode Island stories I am sharing today but also from their own constituents. People's lives are at stake.

I urge my colleagues on the other side of the aisle to abandon this effort to pass TrumpCare and start working

with us on bipartisan solutions to improve our healthcare system.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. COTTON). Without objection, it is so ordered.

Mr. BARRASSO. Mr. President, I come to the floor today, having returned from the weekend in Wyoming, talking to people as a physician, and talking to former patients of mine. What I see is that the pain of ObamaCare is continuing to worsen around the country for men, women, families, and people who have been living under the Obama healthcare law for a number of years now.

This is an important day, when insurance companies have to come up with the filings and the plans on what they plan to do for next year with regard to plans that meet the ObamaCare mandate. So very soon, millions of people will find out if they are going to be able to buy an insurance plan in their own communities, regardless of the cost. We have seen that the Blue Cross Blue Shield group in Maryland has proposed rate increases up to 58 percent for next year in the State of Maryland. This is after they went up 24 percent last year. How many families can afford such a thing? But that is what we are dealing with.

That is why it is so critical that we get involved in trying to provide relief for American families at this time, with the Obama healthcare insurance market, certainly, collapsing. The head of Blue Cross Blue Shield in Maryland, which is the largest insurer in the State, has said that they see their system is in the early throes of what is known as the insurance death spiral. Prices are continuing to go up, fewer people are signing up, and, as a result, prices are going to have to be raised even more. We saw last year that they went up 24 percent, and this year the proposal, going forward to next year, is 58 percent. This is a terrifying reality for people on ObamaCare today.

One of the big reasons we have been working so hard on healthcare reform is to improve access to healthcare—not empty coverage, but actual healthcare. So what we want to do as Republicans is get rid of some of the excessive mandates, the expensive mandates, things that are driving up the cost of care and certainly driving up the cost of coverage for that care.

When prices come down, people are able to afford insurance and companies are ready to sell that insurance. I know we have people in Wyoming who are ready to buy it. That is how you improve access to insurance. It is how you also improve access to care. You don't do it by forcing the prices up and

then requiring people to buy coverage, which is what the Democrats who voted for ObamaCare did. They said: You have to buy it, it is a mandate, whether you like it or not. We know better than you do. That is what we heard from the Democrats during the debate on President Obama's healthcare law. That is what they passed. They passed it. They voted for it. They didn't know what was in it. Actually, it was the Speaker of the House, NANCY PELOSI, who said: First you have to pass it before you even get to find out what is in it.

President Obama gave a big speech to a joint session of Congress and said that if people like their plans, they can keep their plans. One of the newspapers called that the "Lie of the Year." So millions of Americans then got letters from insurance companies; over 5,000 in Wyoming got that letter. It said: Sorry, your insurance plan isn't good enough for government.

People ought to be able to make that decision for themselves. Families ought to make that decision, not Democrats in Washington who voted for the ObamaCare law. They shouldn't have the right to tell the people of my State or any State what is best for them and their family. It is interesting because the Democrats don't seem to want to remember that anymore. They have selective amnesia.

It turned out that if people liked their plan, they weren't really allowed to keep it. I heard about it again a week ago at a Wyoming stock growers meeting—farmers and ranchers from around the State of Wyoming who come together each year, an organization that has been in existence longer than the State has been a State. These are hard-working people who know what works best for them, what works best for their families. Some of these outfits have been in those families for 100 years. We have something called the Centennial Ranch program where they gather all the family members when an outfit has been in that family for 100 years, and they have been able really to survive so much over the years. Often they would say, you know, whether they deal with floods, whether they deal with fire, the biggest problem they have is often dealing with the Federal Government. We have seen it all across the board, and healthcare is just one of the last things to add to a long litany of Federal Government involvement in the lives of the people of our State of Wyoming.

So here we are today with this incredible government overreach and the failure of that overreach, and even the insurance companies, some of whom supported the passage of the healthcare law, are saying that this is not working. How they reflect the fact that it is not working is they say: OK, we are not going to sell insurance anymore. You can't make them sell insurance. The prices have to go up too much, and it is just not worth the effort.

One of the big insurance companies, Humana, is dropping out of the

ObamaCare exchange entirely next year. They made the announcement. Aetna said that it is quitting the internal markets in Delaware, Iowa, Nebraska, and Virginia. Anthem is pulling out of Ohio. The list goes on.

Now, so far, there are over 40 counties across the country that are expected to have no one selling insurance on the exchange—no one. In Wyoming, we are down to one company that sells it. We had two; one lost so much money, they were pulled off of the market. The second one, which does sell insurance in Wyoming, continues to lose money by selling on the exchange. They are committed to stay, but they just scratch their heads about what the potential future may hold. We are now seeing over 40 counties across the country where no one is selling insurance. That is the reality of ObamaCare.

Remember, President Obama said: If you pass this, there will be huge competition, big marketplaces. If there is only one selling insurance, it is not a marketplace; it is a monopoly.

Next year, the Centers for Medicare and Medicaid Services has said that about 40 percent of all the counties in America will have just one company selling on the exchange—just one—forty percent of the counties all across America. That is a monopoly. What happens when those companies decide to drop out?

Even for people who get an ObamaCare subsidy, if there is no one in that community, in that county selling ObamaCare insurance, the subsidy has no value whatsoever. It can't be used.

That is another part of the story that the Democrats refuse to talk about. In fact, Democrats say a lot of things about insurance coverage that aren't really telling the whole story. They have talked about the Congressional Budget Office report; they talk about a number of things. One of the interesting things about the Congressional Budget Office report—the CBO report, kind of the scorekeepers that take a look at things—on the bill that passed the House said that there will be millions of people fewer who will have insurance if the Republican-passed bill becomes law. Well, the news headlines screamed that the House bill would mean millions of people lose their insurance. Well, that is wrong. That is not at all what will happen.

According to the Congressional Budget Office, when you look at it and see why is it that there will be fewer people with insurance under ObamaCare if you eliminate the individual mandate—the part of the law that says you must buy a government-approved program—the Congressional Budget Office says that if you don't mandate it, a lot of people don't want to buy it. They don't view it as a good benefit to them. They don't view it as worth their money.

If people aren't required to buy insurance, millions of them will choose not to purchase the insurance, especially

when they believe it is not a good deal for them personally. I believe Americans have that right. Apparently, the Democrats don't believe that Americans have that right. They like the mandate. They like making people do things. That, to me, is the difference between a Republican approach, which provides for freedom, and a Democratic approach of government and mandates.

We want to give people the right to decide what is right for them and their families. That is what I hear in Wyoming at the Wyoming Stock Growers Association and as I travel around the State. People know what is best for them and their families. Then, when all of a sudden what they had is taken off the market because the government says that you can't sell it anymore, that is an affront to their ability to choose what works for them and their family, and it is things they have had in the past. Then they got stuck buying some very expensive plan that covered a lot of things they didn't need, didn't want, and couldn't afford, but the government said: We know better than you do, the people of Wyoming, the people of America.

So the Congressional Budget Office says that 8 million people who get coverage in the individual market will decide it is just not worth buying. They also said that there will be 4 million people on Medicaid next year, and if you eliminate the mandate, they aren't going to sign up for it, even when it is free, because they realize that, for many people, being on Medicaid—a failing system—isn't providing much for them at all.

So insurance isn't being taken from people; these are people who are making a decision as free individuals—Americans—of how they want to spend their money and what they want to sign up for, or not.

So the legislation that passed the House really makes no changes in Medicaid in 2018. Yet, the CBO says millions of people on Medicaid will drop it when the mandate goes away.

The Senate is coming up with its own solution. We are looking at ways to make sure that Americans have access to insurance that works for them, not just what works for Democrats in Washington. We roll back some of the worst parts of ObamaCare. Prices for health insurance will go down. People will have better options than the one-size-fits-all plans that Washington has forced on the American people. They will have other options that will work better for them and their families.

Our goal is to not do what the Democrats did. ObamaCare actually kicked people off insurance that worked for them, pulled the rug right out from under them; Republicans don't want to pull the rug out from anyone. Our goal is to reform the American healthcare system so that insurance costs less and it meets the needs of the people who buy it. Republicans' goal is to focus on care, not just useless coverage that ObamaCare had provided for many,

with narrower networks so you can't keep your doctor, you can't go to the hospital in your community, you can't get the care you need, you can't see certain specialists, which is what we have seen with ObamaCare.

If Democrats want to talk about people losing their insurance, they need to look at what ObamaCare is doing to people right now. They need to look at people who are losing their insurance because their insurers are walking away from them. They need to look at people who are losing their insurance because of the premium increases we are seeing requested in Maryland; 24 percent is actually how much it went up last year and 58 percent in certain areas requested for this year.

Now I hear the Democrats say that they are worried about whether people with preexisting conditions get insurance. As a doctor, I will tell you, my wife is a breast cancer survivor; we are absolutely committed as Republicans to make sure that no one with a preexisting condition is left out. Democrats can't make that claim. They have made it over the years. But if there is no one selling insurance where you live, there is no exchange being offered, and you live in those 40 counties right now with no one selling—none—zero, and that number of counties is going to expand next year—if you have a preexisting condition and you are living under ObamaCare, you cannot get insurance no matter what any Democrat says, because no one is willing to sell it to you, even if you get a government subsidy—no one. You are left out. That is what the Democrats have given us in this country with their failed ObamaCare system.

So ObamaCare continues collapsing. It is going to harm more Americans who have preexisting conditions.

The other day, Senator SCHUMER admitted that ObamaCare isn't providing affordable access to care. I think it is an important admission from the minority leader. Now it is time for him and the Democrats to join with Republicans in the Senate—join us in providing Americans the care they need from a doctor they choose at lower costs.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. CORNYN. 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. CORNYN. Mr. President, as the Senate knows—and I suspect a lot of people outside of the Chamber know—we will move forward on the healthcare reform effort to repeal and replace ObamaCare very soon. A bill will be released as early as tomorrow morning, representing a discussion draft.

I think it is important to remind all of our colleagues of the urgency that

we face. We already know that insurance premiums have gone up since 2013 alone for those in the individual market—those would be individuals with small businesses—by 105 percent. This is 2013. Can you imagine in 2013 paying a premium only to realize that over the next 4 years, it would quadruple in just a short period of time?

Most Americans can't absorb that additional cost. We know that many people are struggling from the high cost and the lack of quality of care and the choices available to them.

Again, on the cost issue, when ObamaCare was being sold to the American people, I still remember President Obama saying that the average family of four would see a decrease in their premiums of \$2,500. I think the correct figure is based on experience. They have seen their premiums go up \$3,000.

I shared a story last week about a small business owner in Texas who had lost his healthcare. He lost his doctor, and yet he had to pay astronomically more for what ends up to be less coverage. I would say he is only one person who I have heard from. I have heard from many, many more under similar circumstances.

Even those who receive their healthcare from their employer are feeling trapped by ObamaCare. I had a constituent, for example, from Needville, TX, and his story, yet again, is all too familiar. After his employer renewed their healthcare plan, premiums rose 50 percent, and his current doctors refused to accept his plan from the ObamaCare marketplace. While his healthcare costs rose, of course, his salary did not follow suit.

He has been forced to dramatically cut back on his standard of living and is living from paycheck to paycheck. In his letter, he said he is worried about being able to provide for his family. Can you imagine what that must be like? And not thinking of himself, but what this means for his coworkers, as well, and his community.

This is one of the endless stories that my constituents have sent me over the past few years, and I know Texas isn't alone, which causes me to wonder who our colleagues are listening to or not listening to in their States.

I mentioned yesterday that I had one colleague, whose name I won't mention out of respect for his confidential communication—this is a Democratic Senator—who has a son who has seen his insurance premiums go up to \$7,500. Sorry, that is the deductible. But his premium has gone up \$5,000. He told me that his son's out-of-pocket costs for healthcare was \$12,500 a year.

That is another casualty of ObamaCare. Yet, when we are looking around to see how many Democrats are willing to join us to come to the rescue of people who are being hurt by the destruction of the healthcare markets, we see no one raising their hand or coming forward.

For our Democratic friends to attack us for trying to fix the havoc that they

wreaked in our healthcare system is really ridiculous. Our friends on the other side of the aisle had their chance. They passed ObamaCare by a party-line vote. In the interim, it demonstrated that this is an experiment in big government and massive spending that has simply failed.

Our friends on the other side know that. They also realize that, regardless of who won the election in November, we would be moving towards a new, better healthcare alternative, but they are simply unwilling to participate and are sitting on their hands and waiting. Indeed, they are hoping that we will fail in our efforts to save many Americans—millions of Americans—from a healthcare system they were promised but one that was not delivered.

Instead of working with us, they effectively are throwing what could only be called a temper tantrum. They are trying to shut down any productive activity in the Senate, including bipartisan committee work.

I was in three committee hearings this morning, one involving the Intelligence Committee and our investigation into Russian active measures involving the 2016 election. I was in another important Finance Committee hearing where we talked about the importance of modernizing the North American Free Trade Agreement, or NAFTA, and then another one in the Judiciary Committee, where we talked about the influx of dangerous gangs into the United States, including MS-13, from Central American countries. Yet our Democratic colleagues are so bent out of shape over the healthcare debate that they are willing to shut down legitimate bipartisan concerns for each of those issues by not letting our committees operate as they should.

Here is the rub. If they actually had a better plan, we would be more than happy to listen. We would be more than happy to work with them. But the only thing they have offered has been offered by the Senator from Vermont—one of their Presidential candidates—Mr. SANDERS, who said that what he wants is nothing less than a complete Federal Government takeover of healthcare, the so-called single-payer system. That would wipe out all private insurance, and you would be looking to the government for all of your healthcare.

We know that hasn't worked particularly well in places like Canada and England and elsewhere. We also know that it is completely unaffordable. The Urban Institute, which did a study of Senator SANDERS' single-payer healthcare system, said that just in 2017 alone, it would add more than a half trillion dollars to Federal spending, and it would add trillions and trillions of dollars more over ensuing years. This isn't a solution. This is creating a bigger problem.

Unfortunately, our Democratic colleagues have let the far left faction of

their own conference hold them hostage to pushing for a single-payer system that would make ObamaCare look like a wild and resounding success.

As I said, we need only look to our neighbors to the north, who under a single-payer system have their healthcare decisions decided for them by the government, while they see their taxes go up every single day.

Canada is marketed as an affordable outcome, but only if your procedure is deemed necessary by the government. In other words, if the government doesn't think the procedure you need is necessary, good luck with that.

Would you want somebody in the government making your medical decisions for you or your family without considering your individual medical history? I certainly wouldn't. Under a single-payer system, this could lead to many families having to buy supplemental health insurance on top of the taxes they have already paid or simply pay cash, rewarding high-income individuals with a better level of healthcare above that offered to the rank-and-file citizens under a government program.

Single-payer systems are not a solution, certainly not in this country. Not only is choice and cost threatened under a single-payer system, but so is quality of care.

Just last year in Canada, it took an average of 20 weeks for patients to receive medical care that was deemed necessary—the longest recorded wait time since wait times began to be tracked. One report estimated the Canadians are waiting for nearly 1 million healthcare procedures.

Can you imagine having to wait up to 38 weeks for some medical procedure, the whole time worrying about your health or the health of your loved one?

Single-payer is a costly, inefficient, and unfeasible option, and, perhaps because of that, we are not hearing many people on the floor stating what I believe to be the case, which is that it is the only choice being offered by our friends across the aisle. They are not willing to come here and debate the merits of what we are proposing, which is a market-driven, individual-choice system, which is designed to keep premiums down in a way that makes it more affordable. They are not willing to debate that and a government takeover known as a single-payer option with all of its assorted problems.

The reforms we are seeking are patient-centered and market-driven. These are the sorts of things that many of our colleagues across the aisle said they would like to see as well, but they have somehow fallen in line with part of their political base, which makes it impossible for them to have an open, rational discussion about the merits of each proposal.

We are left with no option but to finalize our discussion draft and introduce that tomorrow so that the world can see it and so it can be put on the internet, so we can have a fulsome de-

bate and we can have unlimited amendments in the so-called vote-arama process, which I know is very popular around here. We will vote dozens of times or more on proposed amendments to the bill. That is the kind of transparency and openness that I think are important when you are dealing with something as important as healthcare.

Here are the goals of what we are going to propose tomorrow in this discussion draft.

First, we need to stabilize the markets that have left millions in the country with no choices when it comes to insurance providers. Under ObamaCare, insurance markets have collapsed. In Texas, one-third of Texas counties have only one option for health insurance, which is no choice whatsoever. Of course, in addition to threatening competition, it also lowers quality while doing nothing about rising costs.

Second, we have to address the ballooning price of ObamaCare premium increases. I mentioned, just in the ObamaCare exchanges since 2013, they have gone up 105 percent. If we do nothing about it, they are going to go up by double digits again next year, so doing nothing is not an option. Again, without competition, there is no room for these prices to go anywhere but up, and we have to come to the rescue of the millions of Americans who are simply being priced out of the health insurance market.

Third, something our Democratic colleagues have repeatedly called for is that we have to protect people with preexisting conditions. If we want our healthcare system to work, we must be able to provide coverage, particularly for preexisting conditions, for all Americans. We will do that in the discussion draft proposed tomorrow.

Lastly, I believe we need to give the States greater flexibility when providing for the low-income safety net known as Medicaid, in a way that is more cost-efficient and effective. For example, in my State, we have asked for a waiver in order to provide managed care for people on Medicaid. More than 90 percent are on managed care, which means if you have a chronic illness—if you have a particularly complicated medical problem—you have a medical home and somebody keeping track of your treatment, making sure you get the treatment you need and are entitled to.

Now we have the opportunity to make Medicaid a sustainable program. We know that it is not, as currently written. What we are proposing is to spend more money each year on Medicaid but to do so at a cost-of-living index that will be affordable and sustainable by the American taxpayer. We have the opportunity to address the quality issues and redtape issues and provide this important entitlement to make sure that it remains on a stable path.

The American people have made clear, time and again, that the status

quo of ObamaCare is not working. All you have to do is look around. There were 60 Democratic Senators in 2010 who voted for ObamaCare. They were in the majority—a big majority. How many are there today? Well, there are not 60 anymore. They have gone from the majority to the minority, I believe, in large part because of the unfulfilled promises of ObamaCare.

I encourage our colleagues across the aisle—indeed, I encourage all of us to listen to the stories from our constituents. There are too many families asking us to step up and come to their aid. We need to do more than just give floor speeches or loft impossible single-payer options, which simply won't work. We need to actually deliver on the promises we made to deliver healthcare reform and to do so to the best of our ability.

I am under no illusion that this will be perfect. Indeed, when you are operating under the constraints of the budget rules, with Democrats taking a walk and sitting on their hands, it is impossible for us to come up with the best possible product we could under the circumstances. But I dare say, it will be better than the status quo, which is a meltdown in the insurance markets, and we will take large steps forward in not only stabilizing the markets but bringing premiums down, while assuring coverage for preexisting conditions and putting Medicaid on a sustainable path forward.

We invite our Democrat colleagues to join us, if they will. But under present circumstances, it doesn't look as though they plan to do so.

REQUESTS FOR AUTHORITY FOR COMMITTEES TO MEET

Mr. President, I have nine requests for committees to meet during today's session of the Senate. They do not have the approval of the Democratic leader; therefore, they will not be permitted to meet today beyond 2 p.m. But I ask unanimous consent that a list of the committees requesting authority to meet be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Committee on Commerce, Science, and Transportation
Committee on Finance
Committee on Foreign Relations
Committee on Homeland Security and Governmental Affairs
Committee on the Judiciary
Committee on Intelligence
Subcommittee on Seapower
Subcommittee on Public Lands, Forests, and Mining

Mr. CORNYN. Mr. President, if I could take 30 seconds more—because my colleague from Louisiana is here—I, frankly, think the objection to nine committees meeting in the Senate is indefensible. I mentioned the three committee hearings we had this morning, but they are just an indicator of important issues, such as the investigation by the Intelligence Committee of Russian involvement in our election; the Judiciary Committee looking into